Mental Health Services Act (MHSA)

Prevention and Early Intervention (PEI)

Three-Year Evaluation

2009-2012

San Luis Obispo County
Behavioral Health Department

WELLNESS · RECOVERY · RESILIENCE

Table of Contents

The Prevention and Early Intervention 3-Year Evaluation for San Luis Obispo County's Mental Health Services Act (MHSA) programs fulfills the requirement (DMH Information Notice 07-19, Enclosure 1) stated in the guidelines put forth by the Department of Mental Health (DMH) and the Mental Health Oversight and Accountability Commission (MHSOAC) in 2007. This report presents summary and analysis of the five projects put forth in the county's plan, dated December 24, 2008.

Twenty-percent (20%) of MHSA funding is dedicated to Prevention and Early Intervention (PEI). Prevention programs should include: outreach and education, efforts to increase access to underserved populations, improved access to linkage and referrals at the earliest possible onset of mental illness, reduction of stigma and discrimination. Early Intervention programs are intended to prevent mental illness from becoming severe, and reduce the duration of untreated severe mental illness, allowing people to live fulfilling, productive lives. Prevention of mental illness involves increasing protective factors and diminishing an individual's risk factors for developing mental illness.

The Center for Disease Control and Prevention (CDC) defines risk factors as "individual or environmental characteristics, conditions, or behaviors that increase the likelihood that a negative outcome will occur."(CDC, 2009) On the other hand, protective factors are "individual or environmental characteristics, conditions, or behaviors that reduce /the effects of stressful life events; increase an individual's ability to avoid risks or hazards; and promote social and emotional competence to thrive in all aspects of life now and in the future" (CDC, 2009). By minimizing and helping individuals cope with risk factors, and by teaching them and helping them develop stronger protective factors, individuals' day to day lives and mental and physical wellness are improved.

San Luis Obispo County conducted surveys and held several stakeholder meetings over a one-and-a-half year period between 2007 and 2008 to construct its PEI Plan. Following statewide guidelines (DMH Info Notice 07-19, Enclosure 1) the large stakeholder group considered areas of need, current practices available locally, and strategies which would propel the county's underserved populations towards resiliency and wellness. The following five Projects were crafted and put forth to the community in November of 2008:

- Mental Health Awareness and Stigma Reduction Project (page 5). A county-wide universal and selective prevention project for all ages that includes education for school-aged youth, teachers, and parents, a media campaign, as well as targeted outreach to underserved cultural populations. Components included Media Advocacy, and Community Outreach and Engagement.
- School-based Wellness Project (page 7). A prevention and early intervention project to build wellness and resiliency, and reduce risk factors and stressors among elementary, middle and high school students. Components included the Positive Development Project for 0-5, Middle School Comprehensive Project, School-Based Wellness, and Sober School Enrichment.
- Family Education and Support Project (page 34). This prevention and early intervention project includes parenting classes and resources, and "on demand"

coaching for parents facing specific challenges. Components included Coordination of County Parent Programs, Parent Educators, and Parent Coaches.

- Early Care and Support for Underserved Populations (page 37). This selective prevention and early intervention project provides self-sufficiency supports for high-risk transition-aged youth, depression screening and supports for older adults, and outreach and engagement services to low-acculturated Latino communities. Components included Successful Launch for Transitional Aged Youth, the Older Adult Mental Health Initiative, and expansion of the Latino Outreach Program.
- Community Wellness Project (page 42). Resource Specialists and Community-based brief or short-term therapeutic services will be provided in this prevention and early intervention project. Components included Community Based Therapeutic Services, and an increase in Resource Specialists support.

The Mental Health Oversight and Accountability Commission required San Luis Obispo County's Behavioral Health Department (SLOBHD) to conduct a local evaluation of one PEI program. Program Two, *School Based Student Wellness* was selected by stakeholders during the PEI planning process. Details of this in-depth evaluation are found on pages 6-28.

The SLOBHD elected to conduct evaluation activities for each of the PEI programs, as included herein. As PEI rolled out in San Luis Obispo County, many concepts surrounding prevention (resilience, risk and protective factors, etc.) were more familiar to substance abuse prevention programs than they were to mental health system providers. With leadership from the Department's Drug and Alcohol Services, each PEI project was constructed with an outcome-driven design. This process began with a "PEI Kickoff" in 2009 where providers received training on general prevention concepts, cultural competence, outcomes-based program design, and an "Evaluation 101."

Over the next three years, SLOBHD provided hands-on intensive technical assistance, training, and program support to all in-house staff and PEI contract providers in order to establish an outcomes-based culture. Many providers had not conducted any evaluation or participated in data collection activities until PEI programming began. Program evaluation was designed to be fluid and ongoing, allowing SLOBHD to correct program-drift, build upon successes, and adapt quickly to ever-changing community need.

SLOBHD is a leader in evaluating both qualitative and quantitative data in prevention programs. The Department's MHSA Division Manager, Frank Warren, was called to speak and provide training at the state level regarding outcome measurement. In 2013 SLOBHD was showcased in a statewide PEI brochure acknowledging the large amount of data that has been collected. A summary of results for the first three years of data was presented to stakeholders in May of 2013. The chart that was presented, comparing the anticipated PEI outcomes versus actual outcomes for all programs, is included in this document, at the beginning of each section, and as tables throughout. More detailed information is included for PEI project 2.

Program #1 - Mental Health Awareness and Stigma Reduction Project		
Component	**Provider**	**2009-12 Outputs**
1.1a Social Marketing Strategy – Media Advocacy	Transitions Mental Health Association	8,706 reached through direct email 46,254 visits to all the pages of site ***SLOtheStigma*** documentary presented at over 50 outreach events Over 4 million media impressions
1.1b Social Marketing Strategy - Community Outreach and Engagement	Transitions Mental Health Association	1,828 served by presentations of *In Our Own Voice* and *Stamp Out Stigma*

As the National Institute of Mental Health (NIMH) states on their website, "An estimated 26.2 percent of Americans ages 18 and older - about one in four adults - suffer from a diagnosable mental disorder in a given year. […] this figure translates to 57.7 million people." (NIMH, 2013). It is evident from these numbers that mental illness can affect anyone at any time in their lives and often the stigma associated with mental illness prevents people from seeking help. The PEI Mental Health Awareness and Stigma Reduction Project, administered by Transitions Mental Health Association (TMHA), focused on showing the community how family and friends can offer support to people living with mental illness, dispelled myths and reduced stigma surrounding mental illness, and encouraged those in need to seek help.

At the core of this project was a moving and powerful documentary, *SLO the Stigma*, featuring local consumers telling their stories of struggle, recovery, and hope. Paired with the film, a website (www.SLOtheStigma.com) was created that served as a resource for families, friends, those suffering with mental illness, and the general public to explore and find information such as a comprehensive guide to services. The target audience for this documentary, and the SLOtheStigma website, was the community at large, but there was an emphasis on outreach to target specific population groups, such as second language learners (the documentary was available in English and Spanish), veterans, the LGBTQ community, homeless populations, and college students.

Details of the www.SLOtheStigma.com traffic from January 1, 2010 – June 30, 2011 include: 16,552 total visits, with 13,097 absolute unique visitors. Fifty-five percent (55%) arrived at the site by typing in the URL directly which demonstrated the direct effectiveness of the campaign. Thirty-five percent (35%) arrived via a search engine (Google, Yahoo, etc) and 10% of visitors arrived via partnering referring sites. Based on all visitor traffic, the most popular pages visited were the *Homepage* and the *Seeking Help* page. Two hundred twenty-seven (227) pages were viewed a total of 46,254 times, illustrating the frequent use of *SLOtheStigma* as a resource.

The campaign was a great success, in large part to the efficient and consistent information dissemination that occurred with this project. Facebook, Twitter, email blasts, billboards, television commercials on nine networks, newspaper ads in six local newspapers, and radio ads were just some of the tools used to promote and highlight SLOtheStigma. TMHA also held information booths at various community venues to reach broader audiences through events such as the Health and Fitness Expo, the Farmer's Market, Pride at the Plaza, and others.

SLOtheStigma was an essential component in preserving San Luis Obispo County's suicide prevention efforts. In December of 2010, when funding for the existing 211 Hotline had expired, TMHA was able to leverage resources and use the momentum of the SLOtheStigma website and resource line to take over the suicide prevention efforts of 211.

TMHA also expanded other stigma reduction and awareness activities such as the National Alliance on Mental Illness' (NAMI) *In Our Own Voice*, *Stamp out Stigma*, and TMHA's suicide prevention documentary, "The Shaken Tree." Even though project funding concluded (as planned), SLOtheStigma is still active as a valuable tool for stigma reduction and education while continuing to gain support and statewide attention. SLOTheStigma is now a continuing part of the menu of stigma reducing programs and presentations given by TMHA. Surveys conducted online and at outreach events indicate PEI planned outcome measures were met (Table 1).

PEI Plan Anticipated Outcomes	2009-12 Actual Outcomes
Increased knowledge of signs and symptoms of mental health problems and the experiences of those living with mental illness.	94% of all participants surveyed agreed that they have an increased awareness of the risks facing their target population, including suicide, drug and alcohol abuse, and homelessness.
Increased knowledge of risk and protective factors amongst target populations	98% of participants surveyed agreed that they have an increased awareness of the protective skills available to people with mental illness and family members, including wellness and recovery tools, peer counseling, and education.
Enhanced resilience and protective factors	97% of participants surveyed agreed that they or their family member are better able to deal more effectively with mental health related problems.
Increased feelings of hope and empowerment	99% of outreach forum attendees found the information regarding recovery encouraging and hopeful.
Increased knowledge of local mental health resources	97% of participants surveyed agreed that their knowledge of local mental health resources has increased.
Increased number of clients will more readily utilize mental health services	69% of service providers surveyed said that they had seen an increase in people accessing mental health services during the ***SLOtheStigma*** campaign.
Community members will be more likely to assist persons experiencing mental health issues in accessing mental health and other services	91% of website survey participants indicated that they would use the resources on the ***SLOtheStigma*** website to help a friend.

Table 1

Program #2 – School Based Student Wellness		
Component	**Provider**	**2009-12 Outputs**
2.1 Positive Development Project	Community Action Partnership (CAP-SLO)	1,264 Children 648 Parents 220 Staff
2.2a Middle School Comprehensive Project – Student Support Counselors	County Behavioral Health	1,100 Students enrolled in Student Assistance Program
2.2b Middle School Comprehensive Project – Family Advocates	The Link	772 families if middle school students received case management services
2.2c Middle School Comprehensive Project - Youth Development	County Behavioral Health	Over 2,800 students served annually
2.3 Student Wellness Strategy – 5th Grade Initiative	County Behavioral Health	300 students served
2.4 Sober School Enrichment	County Behavioral Health	40 students served

School Based Wellness, is a comprehensive, multi-age approach to building resilience among all pre-school and school-aged youth recipients. This program responds to the universal population of children and youth, and youth who exhibit risk factors for mental illness with the following projects: the Positive Development Program serves pre-kindergarten-aged children; the Middle School Comprehensive program focuses on universal and selective prevention in higher risk schools; Student Wellness Programming was designed for 5th grade youth transitioning to adolescence, and Sober School Enrichment for higher risk teens.

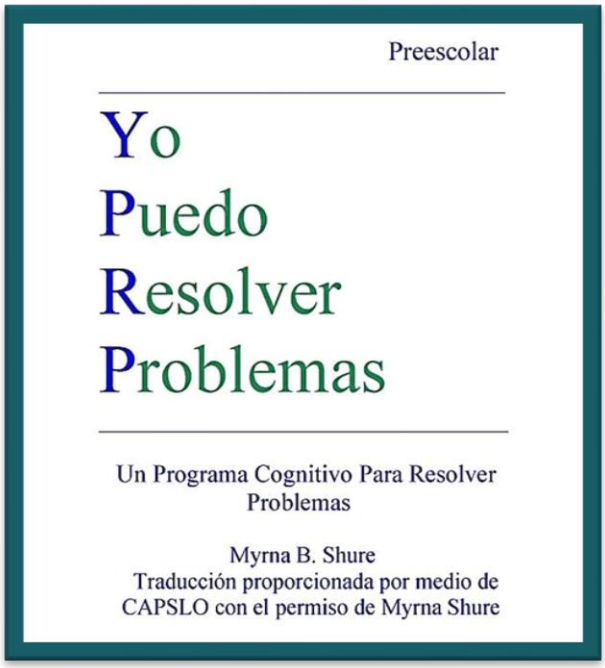
In 2009, stakeholders selected PEI Program Two, School Based Student Wellness, to be the program evaluated and reported to the MHSOAC by the County. Table 2, demonstrates the individual, family, and system level outcomes that were hypothesized in the original PEI plan, and the anticipated tools of measurement to be used. Since many of the projects included new and innovative approaches to mental health wellness and recovery, and only a handful were selected from best practice curricula, SLOBHD needed to develop tools and systems in order to collect data from various sources. This included the need to provide continued training and technical support to partner agencies and staff.

In order to keep administrative costs at minimum while still conducting a robust evaluation, SLOBHD partnered with California Polytechnic State University's (Cal Poly) Master's in Public Policy (MPP) program, and provided internship opportunities to students during the evaluation timeframe. Interns provided clerical and analytical support, assisted focus groups and interviews, and site visit observational studies. Interns also provided ongoing technical support to community providers, not only in PEI Program 2, throughout other PEI and MHSA programs.

Individual/Family Outcomes	Measurements	Measurement Tools
Increased knowledge of social, emotional, and behavioral issues amongst target populations, and improved behavior	• Scale of knowledge of issues including communication, self-worth, feelings, etc. • Scale of concern based on key risk indicators including self-esteem, anger, peer relations, and self-control	• Pre/post surveys • School and SAP Staff observation
Decreased risk factors amongst target populations	• Reported and demonstrated improvements including reduced anxiety, reduced negative peer associations, reduced anger, etc.	• Pre/post surveys including • School and SAP staff observation
Enhanced resilience and increased protective factors, including social and life skills competencies	• Reported and demonstrated improvements including increased happiness, family and school bonding, grades, etc.	• Pre/post surveys • School and SAP staff observation
Increased successful follow through on linkages and referrals	• Demonstrated improvements in access to community resources	• Family Advocate observation • Service recipient self-reports
Improved parenting skills	• Demonstrated improvements in understanding developmental stages of children: discipline, communication, etc.	• Child Development staff observation • Service recipient self-reports (Positive Development Program and SAP Families)
Reduction in number of suspensions/expulsions	• Decrease in suspension rate amongst school and youth engaged in services	• District and school site data
Increased attendance rate	• Increased attendance rates in each school and with individual participants	• District and school site data • Pre/post surveys • School and SAP staff observation
Improved coping with emotional, behavioral or social problems through voluntary counseling	• Demonstrated increase in capacities involving self-sufficiency, esteem, communication, family and peer relations.	• Pre/post surveys • School and SAP staff observation
Individual/Family Outcomes	**Measurements**	**Measurement Tools**
Increase in number of PEI programs in schools and pre-schools	• Number of PEI supported programs adopted on countywide school campuses	• Measured rate of school prevention and early intervention programs reported annually
Increased number of students who will more readily utilize mental health and other needed services, and increase in school-based assessment and response systems.	• Number of students engaged by PEI programs engaged in behavioral health services and supports • Number of schools reporting developed, integrated, and utilized SAP teams	• Measured rate of service participation reports by Family Advocates • School and SAP staff reports
Increase in number of individuals and families identified who need and receive PEI services.	• Number of individuals and families tracked in this project	• Rosters and tracking documentation of participants

Table 2

Positive Development Program



Community Action Partnership of San Luis Obispo's (CAPSLO) Child Care Resource Connection (CCRC) administers the **Positive Development** project. The CCRC partners with private child care providers to build problem solving skills, self-esteem, social, emotional, and behavioral health competencies for children ages 3-5. The CCRC provides facilitation of the *I Can Problem Solve (ICPS)* curriculum, considered an Exemplary Mental Health Program by NASP (National Association of School Psychologists). *ICPS* is also included in the Substance Abuse and Mental Health Administration's (SAMSHA) National Registry of Evidence-Based Programs and Practices (NREPP), the registry that identifies scientifically based approaches to prevention and treatment of mental illness and/or substance abuse. The CCRC combines *ICPS* with other exemplary tools, and training to private child care providers in both English and Spanish including the Ages and Stages Questionnaire (ASQ) (Appendix A), and Behavior Rating Scale (Appendix B). Prior to PEI, these providers traditionally did not receive training on mental health issues or prevention and resiliency principles.

Table 3, below, illustrates a summary of findings for the children of participating providers who were assessed using these tools. Not only did children initially assessed with behavior and social-emotional issues show improvement, but children without those issues strengthened their skill sets after participating in the program.

Aggregate Child Assessment Results n=325
78% of children initially assesses as impulsive experienced a decrease in their impulsive behavior scores (Overt Physical Aggression and Impatience /Over-emotionality)
71% of children initially assessed as emotionally aggressive experienced a decrease in their emotionally aggressive behavior scores.
55% of children initially assessed as "socially competent" experienced an increase in their socially competent behavior scores.

Table 3

Upon hearing about the program Myrna Shure, the author of the *I Can Problem Solve* curriculum, granted CCRC permission to have the curriculum translated into Spanish. In addition, Myrna gave permission for staff to utilize assessment tools which accompany the curriculum: The Behavior Rating Scale, provided CCRC with evaluation technical assistance, and connected staff with ICPS

trainer Mary Kate Land. This immediately increased the capacity for CCRC to reach more Spanish Speaking providers (Fig. 1) than initially anticipated by the PEI plan.

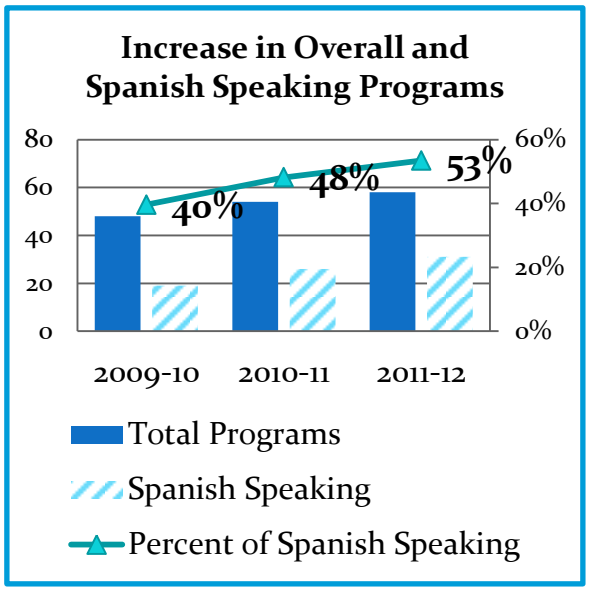


Figure 1

The struggling economy impacted this project almost immediately as increased job loss and loss of child care funding affected the child care community. A number of programs closed, and others significantly reduced classroom size. This resulted in a lower than expected retention rate as well as a lesser number of children participating in centers. CCRC had to increase outreach and provide more technical assistance to childcare providers than initially anticipated. In addition, already stressed parents were difficult to engage, and CCRC had to increase its efforts on parent training of *ICPS*, and at-home reinforcement of the program surveys (Appendix C) conducted by CCRC, knowledge of their child's social-emotional development improved their parenting skills and, as a result, their child's behavior at home (Table 4).

Ongoing evaluation allowed the CCRC to improve parent engagement via evening group sessions, take home flyers, parent newsletters, and meet-and-greet information booths in the morning when parents dropped their children off. In addition, the CCRC expanded the program to include *I Can Problem Solve Kindergarten*, a curriculum created for children 5 years of age, who are preparing to enter kindergarten. Child care providers were very pleased as children who had grown with the program were ready for new challenges.

Parent Survey Results n=231
98% of parents indicated that they were more understanding of their child's social-emotional development.
95% of parents surveyed found the activity summaries and take home information was helpful in continuing the program at home.
100% of parents indicated that their child's social, emotional, and behavior skills improved.

Table 4

Middle School Comprehensive Project

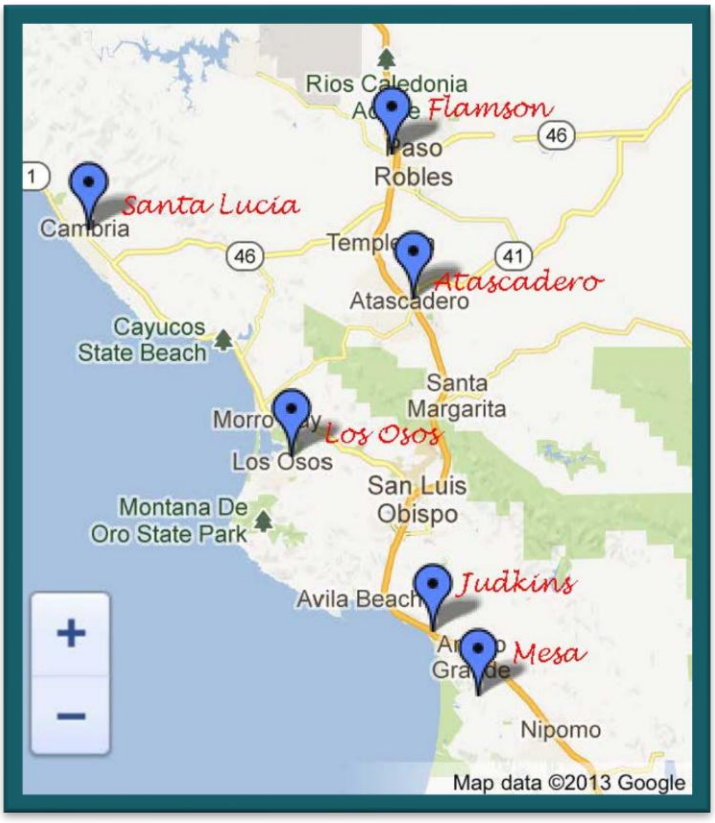
Program Description and Demographic Information

In 2011, SAMHSA published a strategic plan to make prevention of Substance Abuse and Mental Health disorders a number one priority. This report indicated that half of all lifetime cases of

behavioral health disorders begin by age 14. Symptoms signaling the likelihood of future behavior disorders, such as substance abuse, adolescent depression, and conduct disorders, often manifest two to four years before a full-blown disorder is actually present. If communities and families had opportunities to intervene earlier in an individual's life—before behavioral health disorders are typically diagnosed—future disorders could be prevented or, at least, the symptoms could be mitigated. In order to successfully reach at risk youth, there needs to be multiple, consistent interventions in place through different systems with which these children and youth come in contact (SAMHSA, *Leading Change*, 2011).

The Middle School Comprehensive Project is an integrated collaboration between schools, San Luis Obispo County Behavioral Health Department (SLOBHD) staff, and community based organizations; and one with a goal to provide consistent, multiple interventions to reduce the risk and symptoms of behavioral health issues. Six middle schools in the county operate a Student Assistance Program (SAP) on campus. The Center for Prevention Research and Development (CPRD) indicates that SAPs reduce risk factors, such as reduced school violence and substance use, and increases protective factors, such as improved school attendance, academic performance, and access to supportive services (CPRD, 2005).

Students are referred to the program when identified as at-risk based on poor attendance, academic failure, disciplinary referrals, or if the student exhibits other signs of behavioral health issues. Each program contains three key team members: The Student Support Counselor, The Family Advocate, and the Youth Development Specialist. Because of the various campus cultures, administrative styles, and community specific issues, this integrated team carves out a unique niche of service delivery for each location.



The Student Support Counselor provides individual and group counseling to the students as well as identification and referrals for more intensive behavioral health services when appropriate. The Student Support Counselor also works as a team leader to ensure all prevention and mental wellness activities are integrated, as well as meeting the needs of each specific population. The Family Advocate coordinates extended case management services to at-risk families and youth. Family Advocates provide youth and their families with access to system navigation, including job development, health care, clothing, food, tutoring, parent education, and treatment referrals. The Youth Development specialist provides evidenced based youth development opportunities on campus, a key in building resiliency which

reduces the risk of mental health issues. This team provides information outreach to the schools and parents regarding behavioral and emotional health issues, including participating in "Back to School" nights, "Open Houses," and providing a staff orientation early in the school year.

Six Middle Schools were selected to participate in the Middle School Comprehensive Project through a competitive process. In their applications the schools had to demonstrate need for the services, cultural and geographic diversity, and the capacity to support this innovative and cohesive approach. The selected schools, Atascadero Junior High, George H. Flamson Middle School, Judkins Middle School, Los Osos Middle School, Mesa Middle School, and Santa Lucia Middle School, span the entire county, from Paso Robles to the Nipomo Mesa to the coast. Schools were given a choice of youth development strategies to implement – ranging from Friday Night Live's "Club Live" to programs from agencies such as YMCA and 4-H. All Schools selected Friday Night Live's "Club Live" (a SLOBHD program) as their Youth Development component.

The Link, a local non-profit with expertise in serving families in the rural north county, was selected to provide the project's three bilingual and bicultural (Latino) Family Advocates. San Luis Obispo County Behavioral Health Department provided the three Student Support Counselors and one Youth Development Specialist.

Once the staff was in place, the program was launched with an all-day staff training attended by PEI and middle school administrative staff, school counselors, PEI Student Support Counselors, Family Advocates, Youth Development Specialists, and other support staff. Participants received training in MHSA components and guiding principles, prevention concepts, and the Student Assistance Program model.

In addition, participants received technical assistance regarding data collection and evaluation techniques, qualitative versus quantitative data, outcomes versus outputs, and proper administration of data collection tools. Technical assistance was ongoing, as new school, non-profit, and county staff required training and orientation upon hire, and existing staff received supportive training throughout the year.

During the 2009-10 through 2011-12 school years, over 1,100 students were enrolled in the SAPs and an additional 775 family members of those students received extended services and supports. The majority of the students enrolled in the program were in 8th grade (Fig. 2) and females engaged in services at a slightly higher level than males (Fig. 3). The SAP serves a more diverse population than the county average with more students identifying as Latino and Multiracial than countywide 2011 Census data of 21% and 3.2 % respectively (Fig. 4). An additional 2,800 youth were engaged in Club Live (the PEI plan also funded Club Live youth development activities in the middle schools which were not selected to pilot SAPs).

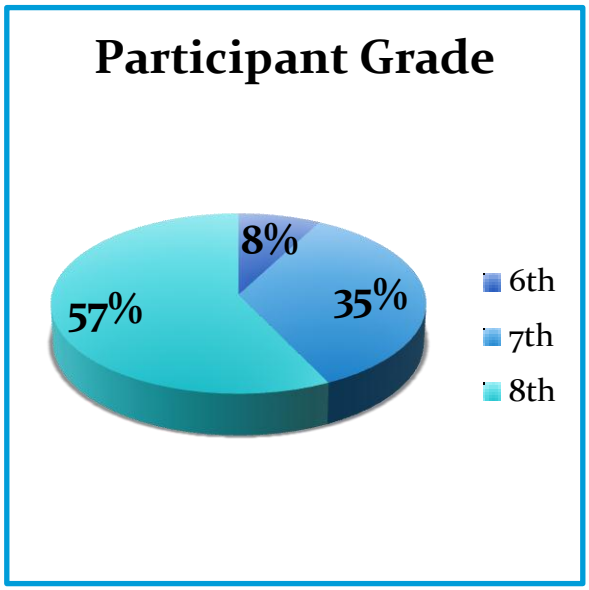


Figure 2

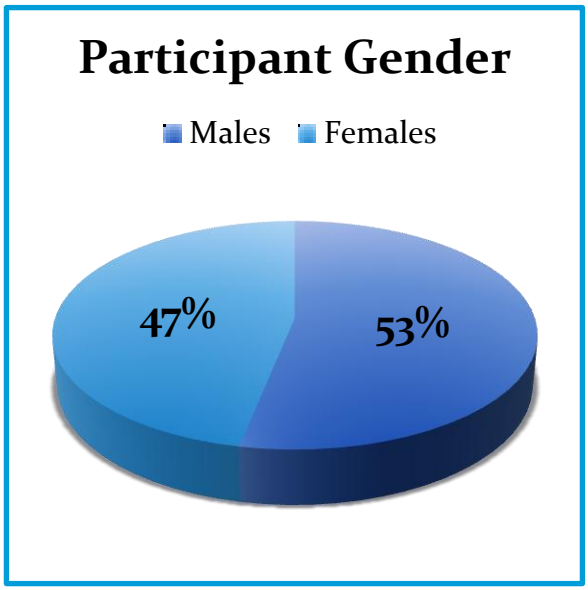


Figure 3

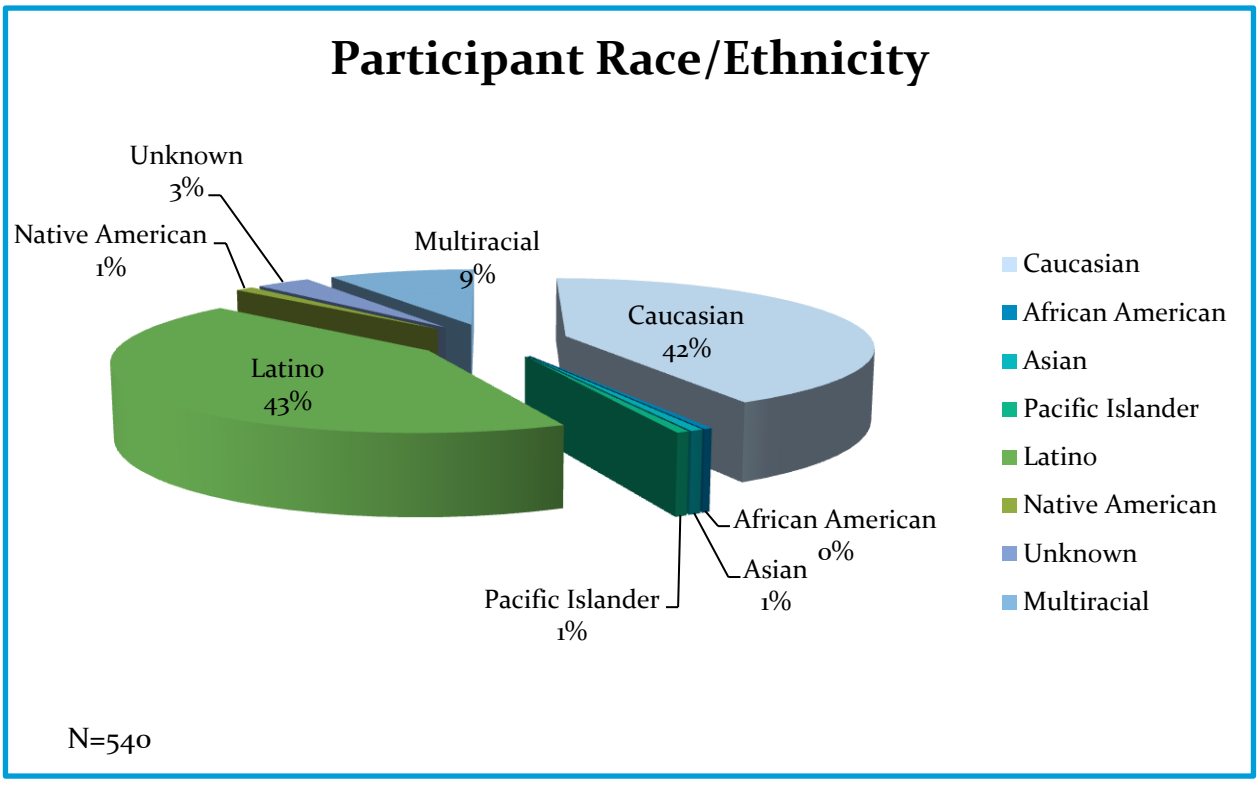


Figure 4

Evaluation Areas of Focus and Methodologies

Due to the various campus cultures and administrative styles, each school site offered unique challenges for the program. The first site visit for the purposes of evaluation took place in February 2010, six months after the program launched at each school. The site visit intended to assess the common challenges and strengths of each program and to make recommendations for program improvement and refinement.

During these site visits, it was observed that campuses which had had fully integrated the PEI counselors and advocates into their school staff and held regular SAP team meetings showed the most successful program implementation. Communication among PEI and school staff was integral in developing criteria for referral to the program, maintaining confidentiality, and defining roles and expectations of support staff. One site even utilized the school nurse in their meetings, who provided a great deal of background surrounding the students and their families.

During the application process the SAP training staff identified three key indicators of student success: grades, attendance, and referrals. Research indicates that middle school students who exhibit one or more of these risk factors: 1) failing grade, especially in English or math, 2) poor attendance, and 3) unsatisfactory behavior scores, have a less than 25% chance of graduating high school (Balfranz, 2009).

School connectedness (the belief by students that adults and peers in the school care about their learning as well as themselves as individuals) increases protective factors and reduces risk of behavioral health issues (CDC, 2009). The Middle School Comprehensive project is designed to reduce the key risk factors, improve protective factors, and aims to increase and promote school connectedness and school environment.

At the end of the 2009-10 school year, principals and school counselors submitted a report to SLOBHD indicating improvement or decline in the areas of grades, attendance, and referrals for each participating SAP student. This measurement tool (Appendix D), developed by consensus with school administration, gives SLOBHD access to difficult-to-obtain data points only available through student records, while maintaining student anonymity. This basic measurement activity began in 2009-10 and continues today. At the conclusion of 2011-12, 96% of students showed improvement in one of those key areas, with only 4% showing no improvement, but also showing no decline, indicating stabilization (Fig. 5).

This information is valuable and meets the stated objectives of the County's PEI evaluation, but it is merely a bird's eye view of the great work that is happening within the program. Staff developed a more intensive tool that is unique to the program, in order to look at specific risk and protective factors, analyze trends in emotional and behavioral health issues amongst target populations, and identify more serious issues among participants.

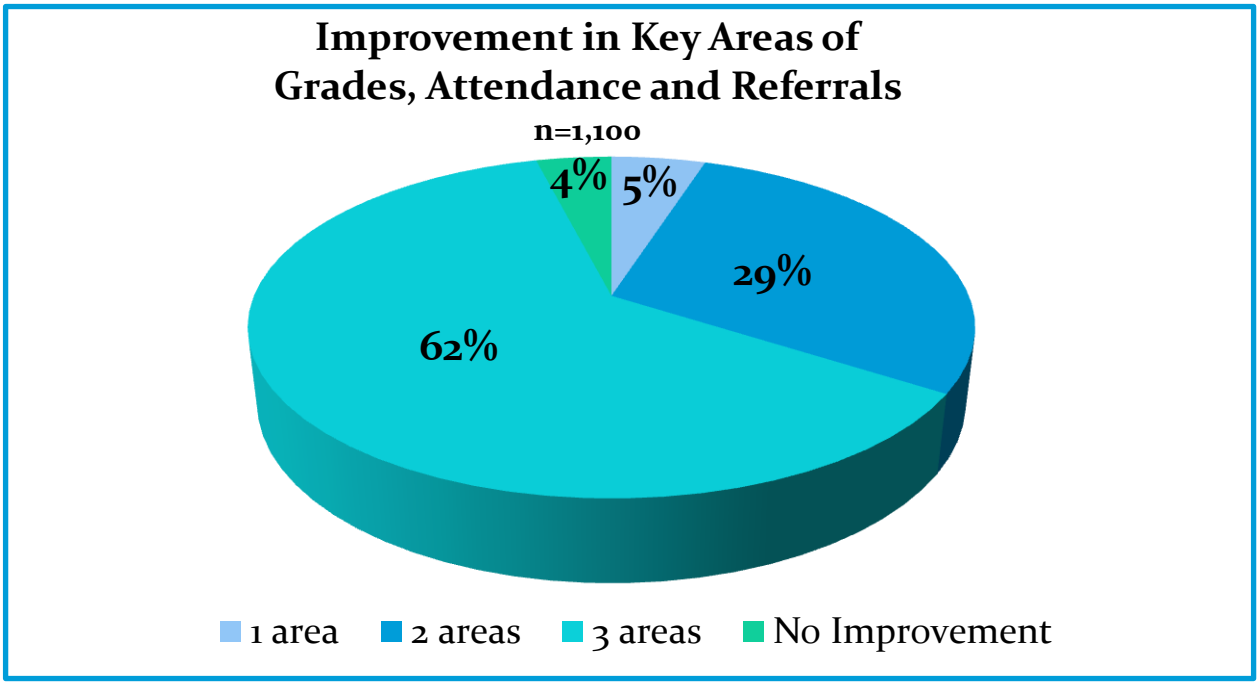


Figure 5

Student Support Counselors met regularly during 2009-10 to develop a retrospective, pre-post survey. Prior to the PEI SAP, SLOBHD school counseling staff used a pre survey at intake, followed by a post survey at exit, but found the answers to be skewed and less honest. Students who had not yet developed a relationship with counseling staff were afraid to answer honestly upon intake, for fear of discipline. The results of this retrospective survey, (Appendix E) administered to 540 students enrolled in SAP during the 2010-11 and 2011-12 school years, drive much of this evaluation and allowed SLOBHD to look at the program beyond the school campus.

Data was analyzed from several angles to measure cultural competence, compare outcomes between schools, and continually make recommendations and adapt the program to meet ever-changing community needs. In addition, SLOBHD was fortunate to be able to compare results to another school in a participating district which is equipped with part time counselors on site, but not receiving the full benefit of the SAP. The Youth Development Institute of Marin, in partnership with SLOBHD's Friday Night Live programs, administers Youth Development Surveys (Appendix F) annually to Middle Schools across the county, in order to measure the impact of the increased PEI Club Live programming.

In addition to data being collected by SLOBHD, gaps in information collected by the Family Advocates at The Link were identified early. In December of 2010 an evaluation meeting was held which included all SAP counselors and advocates to learn exactly what was being captured and how systems could be improved for collecting information regarding the families of students receiving services. Shortly afterward, SLOBHD provided technical assistance and worked in partnership with The Link administration and staff to develop new methods of tracking referrals by frequency and type (Appendix G), as well as instituting a family survey (Appendix H). Information

received from these tools allowed the Family Advocates to streamline processes and target efforts to community and family-specific needs.

During project implementation, evaluation was not only seen as a tool to observe the program, but became part of the program itself. Administrators, Counselors, Advocates, and Club Live staff embraced each aspect and a collaborative, outcomes-based culture was developed. Because of the trust in SAP Counselors and the relationships built with the Paso Robles School District, SLOBHD was fortunate enough to be able to hold a focus group (Appendix I) with 9th graders at Paso Robles High School who had been previously part of SAP for two years at Flamson Middle School. Another focus group was held with monolingual SAP families at The Link using an interpreter (Appendix I). Evaluation not only allowed SLOBHD to monitor and improve program success, but provided data which contributed to program sustainability.

The analysis of the aggregated responses of the retrospective, self-report survey (n=540) indicated statistically significant results at SAP schools (p=<.05) for all survey questions. Each of these questions will be detailed herein. The non-SAP comparison school aggregate responses indicated results that were not significant (p=>.05) and a sample of those results are presented in this report. The retrospective charts contain both primary and secondary vertical (y) axes, the left y axis indicate the student's mean score indicated by before and after columns on the horizontal (x) axis, and the right (y) axis indicates the rate of change indicated by a + or – marker within the chart.

Improvement in Grades

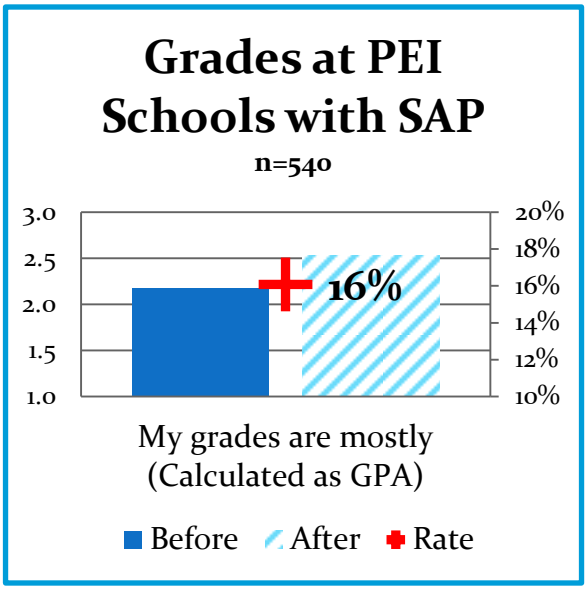


Figure 6

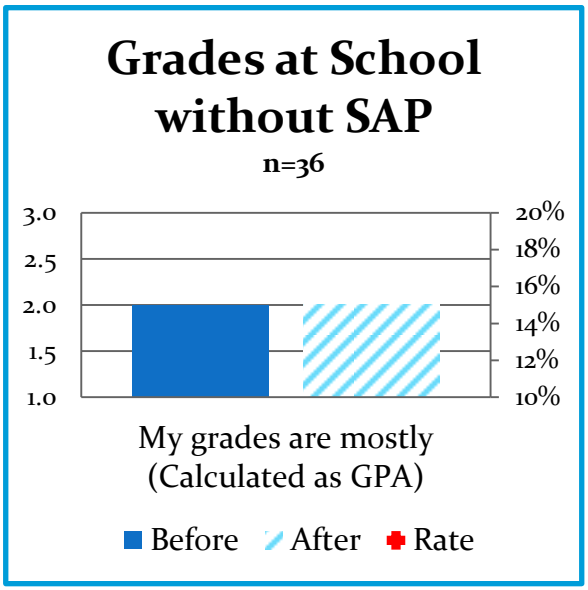


Figure 7

Failing grades in junior high are an indicator of risk for dropping out of high school, with 22% of boys and 33% of girls who drop out of high school developing depression (McCarty et al., 2008).

Although the SAP is not an academic program, grades are an important protective factor and SAP participants showed a 16% improvement in grades (Fig. 6).

The middle school years matter tremendously for a student's future, and those who have trouble academically in the middle grades need programs to help support their wellness and success. In the middle grades there is still time to close achievement gaps and send youth on a path to graduation (Balfraz, 2009). The SAP team provides supports to help close achievement gaps and strengthen the family, student, and school triangle. In 2011-12, Family Advocates provided tutoring to 292 students. This extra support from the SAP might suggest the reason why students and the comparative school did not indicate any improvement in grades (Fig. 7).

Attendance

School districts with high dropout rates usually have chronic and often unrecognized absenteeism in the middle school grades. When middle school students become part of a larger student body, they test boundaries and learn that they can miss a few days of school with little consequence. Without continued, positive adult support, students can become habitually truant. A recent study of Illinois prison inmates showed a link between school truancy and crime. Out of 182 inmates at a medium security youth prison, 135 used to miss so much school that they were considered chronically truant (Jackson and Marx, 2013).

In addition, transportation barriers are increased as students generally commute further from home. This is especially difficult for families in rural areas with limited transportation options. In 2011-12, 208 students received transportation either directly or indirectly (carpool, bus passes, etc.) from the SAP team. These efforts coincide with the 21% reduction in reported student absenteeism (Fig. 8).

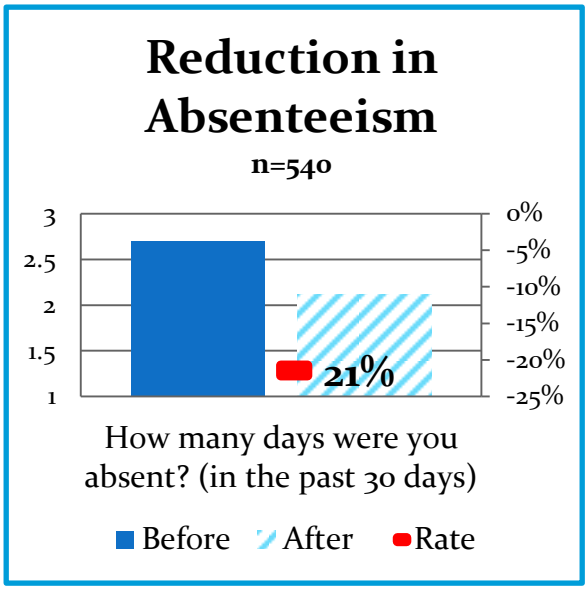


Figure 8

Students who are committed to learning and involved in school activities are less likely to be absent. The SAP supports the emotional, mental, and social development of middle school students, enhancing school connectedness, and the student's commitment to all aspects of their education. Students who participated in the SAP recorded a 15% increase in positive activities outside of class (Fig. 9). Students without the full support of the SAP showed only a slight increase in involvement in activities outside of class (Fig. 10). Focus group interviews of 9th grade students who previously received SAP services indicated that they continued to seek out positive activities on their own once they reached high school. Participants indicated involvement in community based leadership programs, like Youth In Action (a Local teen

leadership group), school and community based sports, faith based programs, service clubs, and music.

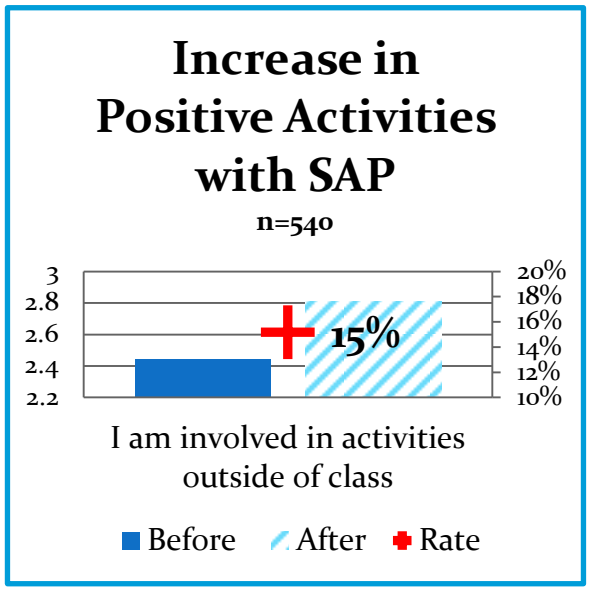


Figure 9

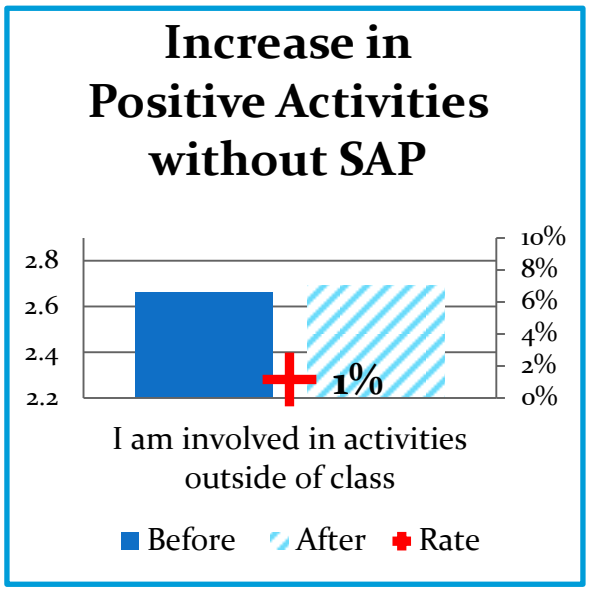


Figure 10

Referrals

A key indicator of underlying, or being at risk of developing, mental health issues are behavioral or disruptive conduct issues in school (Balftanz, 2009). According to the California Healthy Kids Survey, 24% of San Luis Obispo County 7th graders report having been in a physical fight in the past 12 months, and 27% are afraid of being beaten up. In addition to teaching conflict resolution in individual sessions, SAP staff offered anger management groups. Focus group participants indicated that anger management was a key skill taught by SAP staff and that the skill extended beyond the school campus into family dynamics. While some schools demonstrated a decrease in suspensions or expulsions, Flamson Middle School showed a steady decline of both suspensions (Fig. 11) and expulsions (Fig. 12) as compared to the 2008-09 pre-SAP baseline year (Appendix J).

> ***"Josh (SAP Counselor) is such a great asset to our school. I cannot begin to express what a successful program PEI has been and how effective I believe Josh is as a part of that program. Since implementation of the PEI program, we have had a 12% decrease in our suspensions for fights; a 76% decrease in suspensions for harassment, threats or intimidation; a decrease of 89% in our suspensions for drugs and alcohol; and an 86% decrease in our suspensions for classroom disruptions. While all of this cannot be solely attributed to the work Josh does through SAP, I believe that a great deal of it can be."***
>
> ***-Flamson Middle School Principal, Gene Miller***

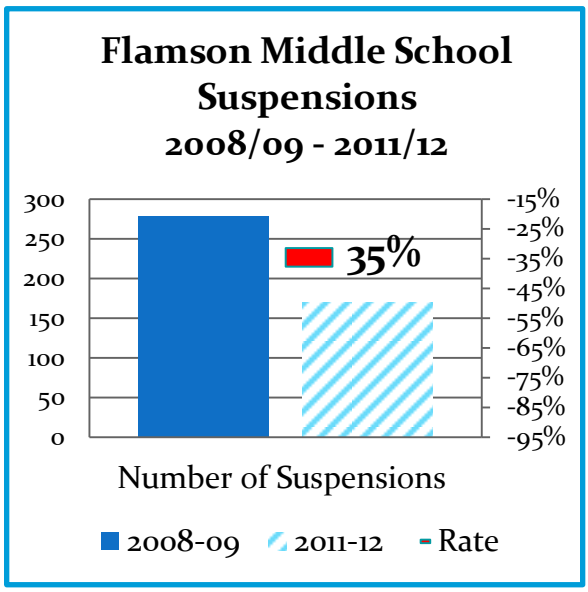


Figure 11

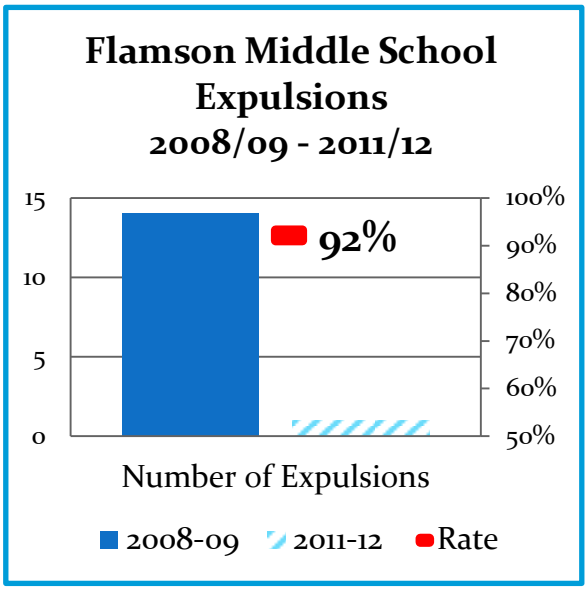


Figure 12

When asked what skills they learned from SAP that they use most today (Appendix I), focus group students unanimously agreed that anger management and conflict resolution were the most important. These skills extended beyond school campus and helped students in their home and peer relationships as well. Students reported a 40% reduction in violence and threats of violence on and off campus (Fig. 13), and a 30% improvement in impulse control (Fig. 14).

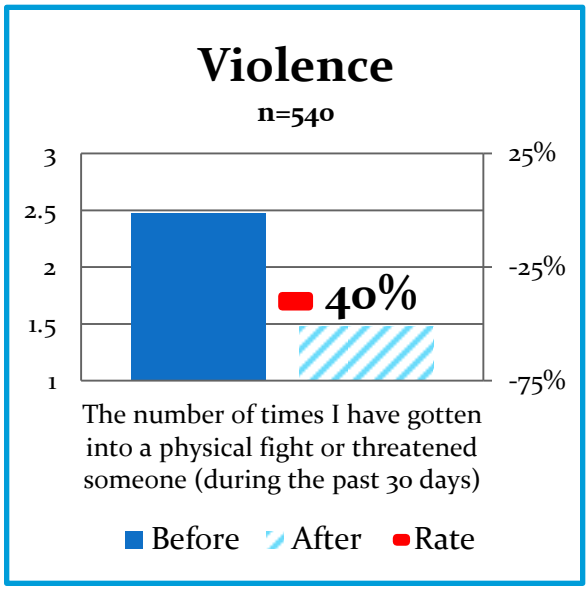


Figure 13

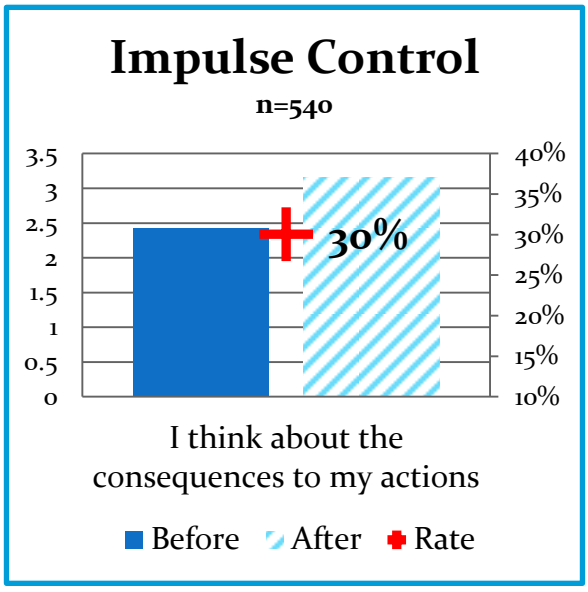


Figure 14

Anecdotally, focus group participants supported the survey data when sharing the following:

"SAP helped control my anger. One kid always wanted to fight. The skills I was taught help me calm down so I don't hit the (other) kid."

"I learned how to respond to serious family situations and instead of fighting, talk it out."

"I shared skills I learned with friends. When they get in arguments, I don't get worked up and help them deal with problems."

"Dear Ms. Rebecca,

Thank you for being the best counselor I could ever have. You have helped me with everything and now I know that I should think about things before I do them). You have helped me improve upon everything especially my anger and I haven't gotten into a fight with anyone in two months. You have kept me out of much trouble."

–Thank You note from Mesa Middle School SAP participant

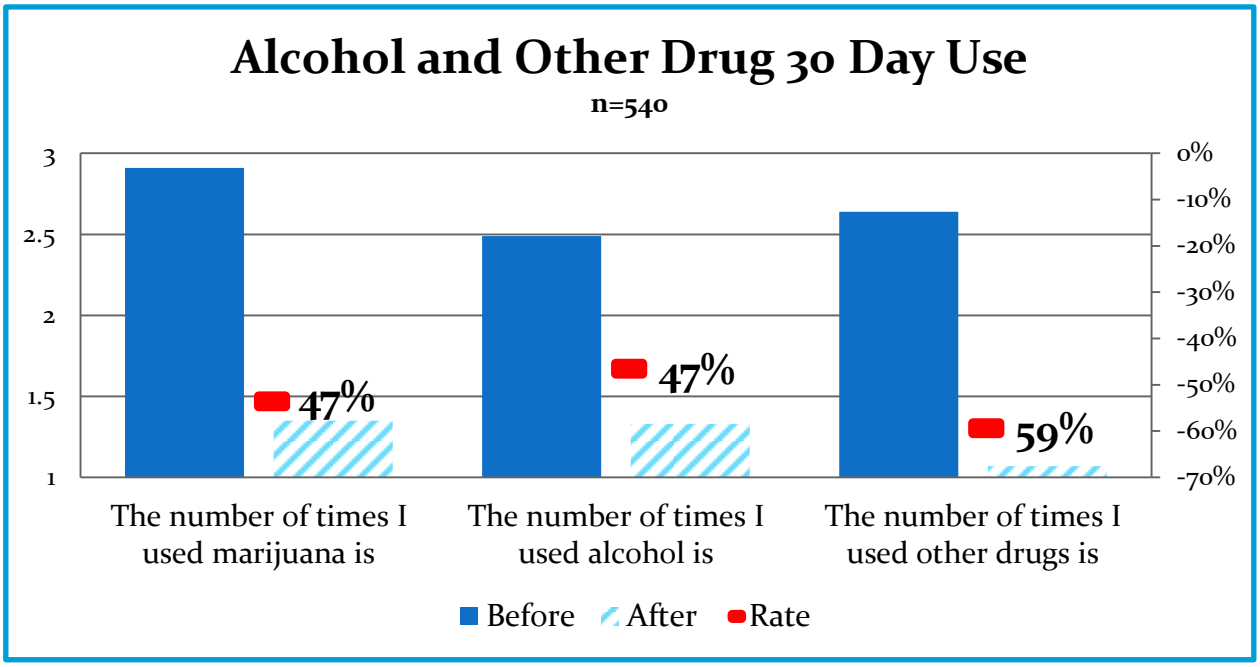


Figure 15

In addition to being at risk for school suspension and expulsion, alcohol and drug use among adolescents is a key indicator of future dependence and mental health issues. Adults who began drinking before 21 are more likely to develop alcohol dependence or abuse than those who had their first drink after 21. Among youths 12-17 who had a major depressive episode, 29.3% report that they initiated alcohol use as a form of self-medication (CDC, 2009). The SAP team provides drug and alcohol prevention education, as well as referral to treatment for both youth and their families if needed. The Link referred 48 SAP family members to drug and alcohol treatment services in 2011-12 and 101 family members were engaged in family counseling as a result of SAP (Appendix G) . Students demonstrated a significant (47%) reduction in marijuana and alcohol use, and a 59% reduction in other drug use (Fig. 15).

School Connectedness

Students are more likely to engage in healthy behaviors and are at a lower risk of developing behavioral health issues when they feel connected to school. School connectedness was found to be the strongest protective factor for both boys and girls to decrease substance abuse and school absenteeism. In the same study, school connectedness was found to be second in importance as a protective factor against emotional disturbances, eating disorders, and suicidal ideation and attempts (CDC, 2009). Factors that increase school connectedness are: adult support, belonging to a positive peer group,

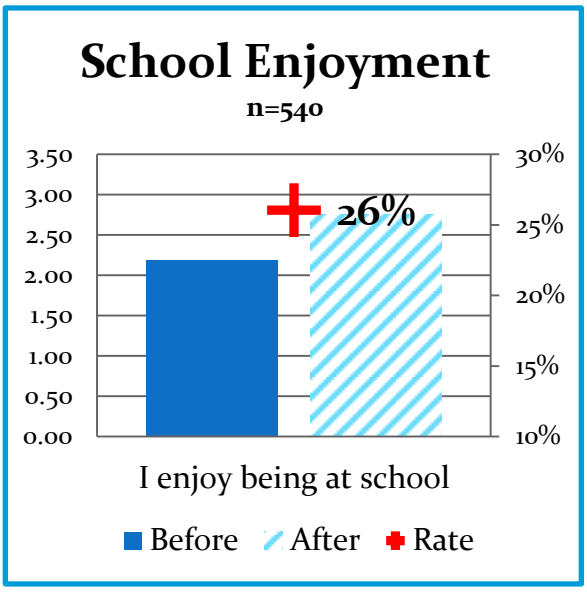


Figure 16

commitment to education, and school environment (CDC, 2009). Students participating in SAP indicated that overall school enjoyment increased 26% as a result (Fig.16).

Research indicates that positive youth development programming, such as Club Live, reduces risk of mental health related problems by enhancing interpersonal skills, increasing self-efficacy, improving the quality of peer relationships, improving academic performance, and enhancing commitment to school (Weisz, 2005). The Club Live Youth Development component provides prevention opportunities for the general population at all of the SAP schools. During the evaluation period, students receiving services increased. The average number of services per student also increased as students received (on average) 8.75 hours of hours of service per student, 350% more than in years prior to PEI (Fig.17). SLOBHD also increased access to underserved populations as more low income students were engaged in Club Live activities over the 2008-09 baseline year (Fig 18).

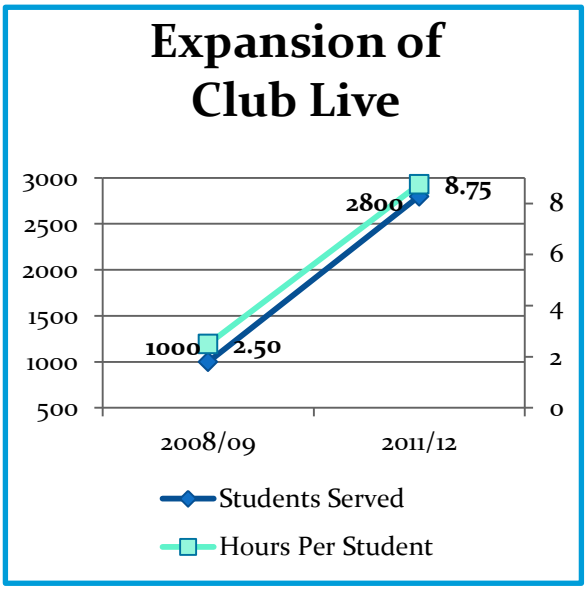


Figure 17

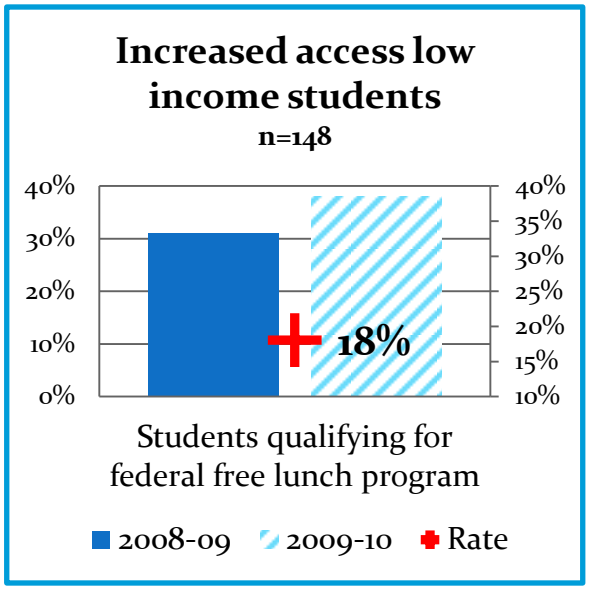


Figure 18

Santa Lucia Middle School's principal, John Calandro, attributed the youth development program to improved school performance:

> ***"[By] drawing in students who were 'flying under the radar', not involved in many activities, and drifting in middle school. The concern for these students is that lack of motivation leads to school failure and an increase in harmful behaviors, including drug and alcohol use. Club Live helps to galvanize these students and develop a sense of belonging and pride… by bringing productive and inspirational projects to school***."

Club Live integrates a youth development approach into the work of its programs and chapters. Youth Development engages youth in building the skills, attitudes, knowledge, and experiences

that prepare them for the present and the future. These skills provide youth the capacity to create effective prevention activities for their peers and communities. Club Live students participate regularly in a variety of trainings and presentations related to substance use, abuse, bullying, violence, and mental health related issues. Club Live students also educate others about the topic. Some of these projects include anti-bullying campaigns, "No Place for Hate," drug and alcohol awareness campaigns, Red Ribbon Week, and service opportunities.

Bullying

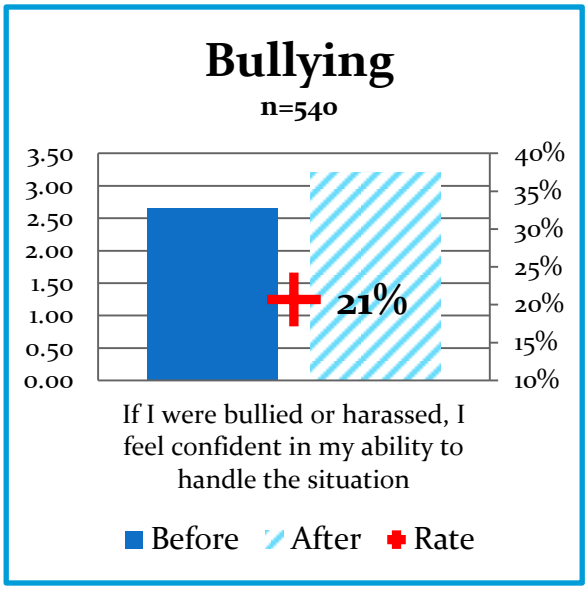


Figure 19

Nationwide, 20% of students report being bullied on school property, and 16% report being bullied electronically (CDC, YRBS, 2011). Club Live students participate regularly in a variety of trainings and presentations related to substance use, abuse, bullying, violence, and its related issues. The MHSOAC considers bullying a public health issue. "Mental health problems, especially anxiety and depression, are risk factors for both bullying and being bullied. Children with mental health disorders are three times more likely to engage in bullying, and bullies are likely to have a diagnosis of ADHD, opposition defiant disorder, or conduct disorder (Lee and Feldman, 2013)."

Children at risk of being bullied include students with a physical or mental disability, low income, and those who are physically unable to defend themselves. The SAP team works to lessen the negative impact of bullying by teaching coping skills to students, increasing education and awareness to teachers, and acting as advocates for students being bullied. Students reported a 21% greater confidence level in their ability to handle situations of bullying (Fig. 19).

During a focus group with parents of students participating in SAP, one mother shared that her son was a victim of bullying, and the entire SAP team worked together to make sure that interventions and safeguards were in place for her son on campus - both in the classroom and on the

playground. Because he felt more secure in school, he attended more often and his grades improved.

The Family Connection

Strengthening the family strengthens the student. The CDC indicates that providing education and opportunities to enable families to be actively involved in their child's life is a key to increasing protective factors for youth. Family advocates reduce barriers to parent involvement, such as providing child care, transportation, food, housing, employment resources, and health care. Positive family and peer relationships are the second most important protective factor in reducing emotional distress, disordered eating, and suicidal ideation and attempts (CDC, 2009).

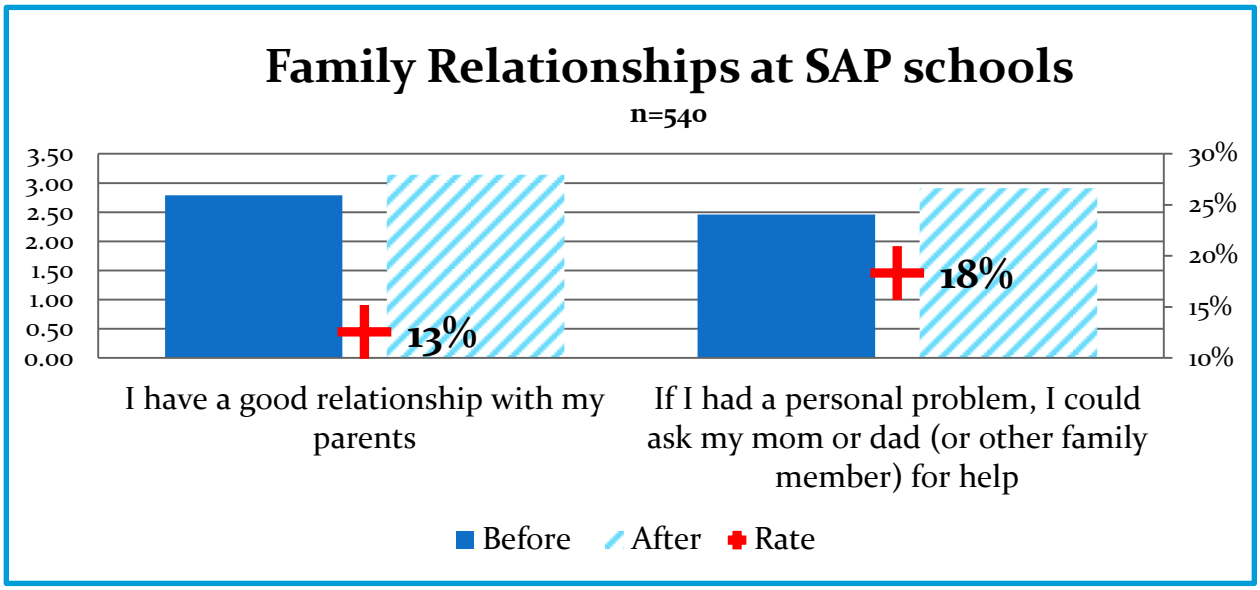


Figure 20

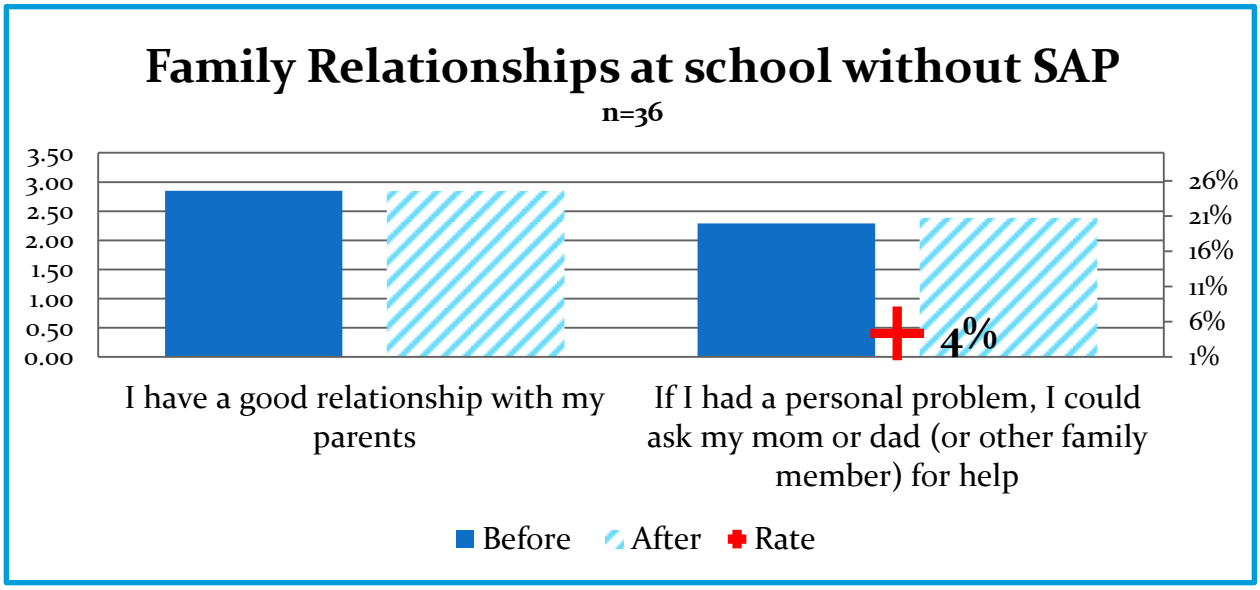


Figure 21

Youth focus group participants indicated that the second most important outcome of the SAP was improved family and peer relationships, which supports SAP survey findings of a 13% improvement in relationships with parents and an 18% improvement in family communication (Fig. 20). Participants shared how they were able to share everything that they learned with their family and friends:

> ***"I would get mad at my mom and yell at her a lot. Now she is my best friend. She is a huge support system for me and I open up to her a lot more now. My mom and I are both able to help my friends as well."***

The SAP is designed to assist the entire family. Data suggests that without the full benefit of SAP, family relationships show little to no improvement (Fig 21).

Early Intervention of Mental Health Issues

According to SAMHSA, schools can offer non-clinical interventions that may be sufficient to meet the needs of many students with moderate mental health challenges. In 2006, about half of students struggled with mental health challenges, as identified by a national voluntary middle school screening program, and could be appropriately served by an early intervention SAP and not require a higher level of care (SAMHSA, *Identifying Mental Health*, 2011).

School based programs also reduce stigma as they offer a place to receive services without being singled out as having a mental health related issue. SAP counselors address all mental health related issues in group and individual sessions, and Family Advocates provide support for the families of students at risk. Students indicated a 26% improvement in coping skills (Fig. 22) and a 15% average improvement in self-esteem (Fig. 23) as a result of SAP. In 2011-12 The Link referred 40 individuals to a deeper level of care to County Mental Health Services or with private clinicians.

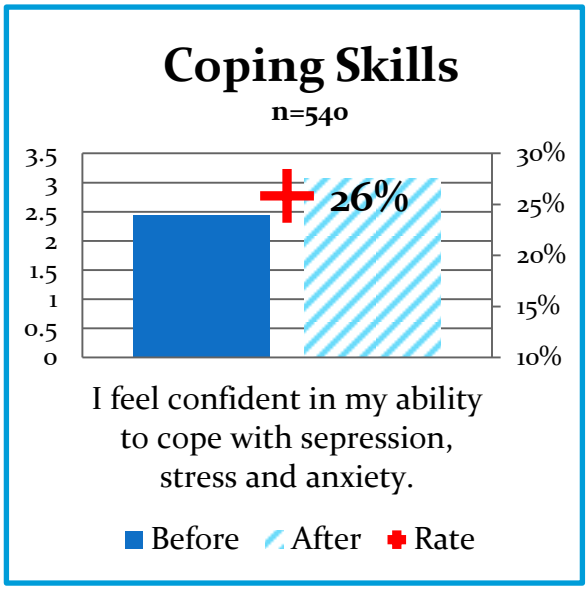


Figure 22

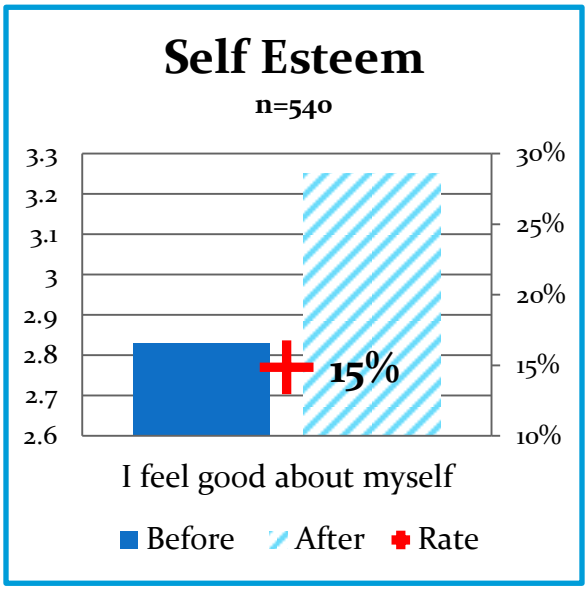


Figure 23

"After SAP counseling my whole attitude about myself changed. Why would I care when other kids make fun of me if I know how great I am? I can comfortable being myself now." – Student Focus Group Participant

Self-Harm and Suicide Prevention

Self-harm is a relevant topic for junior high aged youth, as www.kidsdata.org reports, "Approximately 149,000 young people ages 10-24 are treated for self-inflicted injuries at U.S. emergency department every year." Furthermore, in 2010, California had 3,135 hospitalizations from self-inflicted injuries in this same age group. In comparison with adults, junior high students are at a higher risk for self-injurious behavior, and though these behaviors are often ways to cope with extreme psychological trauma and mental health issues, at times self-harm is a gateway to more serious, fatal suicide attempts (www.kidsdata.org, 2013).

It is important to focus on awareness around these issues for the junior high-aged group, where peer pressure and new life stressors run high, offering support so students can learn healthy ways to cope with stress and trauma instead of turning to dangerous behaviors. SAP teams address issues of self-harm through education to staff, families, parents, and school-wide learning activities. In addition, SAP counselors provide self-harm prevention and recovery groups and, as a result, students demonstrated a 53% decrease in self-harm behaviors (Fig. 24).

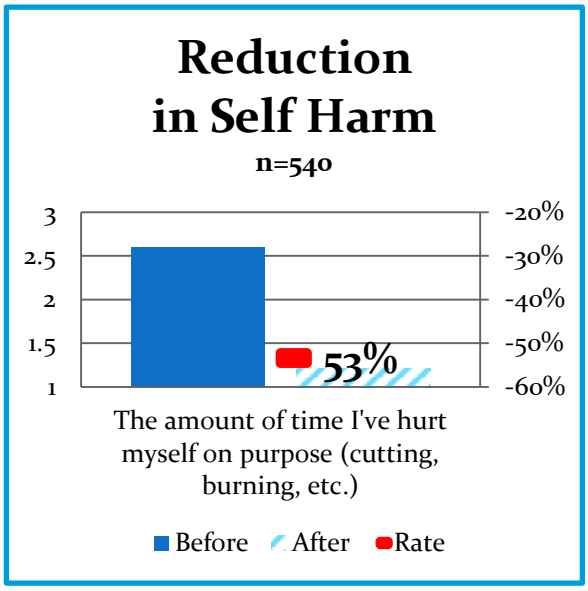


Figure 24

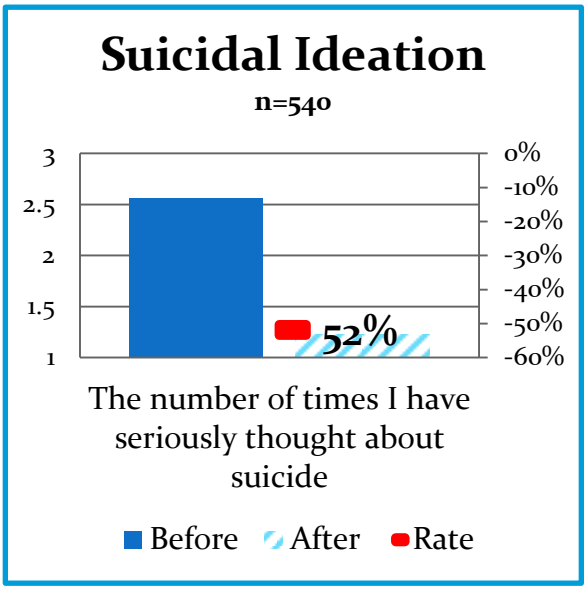


Figure 25

"Thank you for letting me open up to you and if it wasn't for you I still would have been cutting myself. You have really helped me out a lot. You made me feel like someone actually cares how I feel, and gave me ideas for talking to my family in a good way. I stopped cutting myself because when you said I'm already hurt enough I'm just hurting myself more. That was really true and after thinking about what you said - I stopped cutting. I'm thankful that I met you, and thank you." - Letter to SAP Counselor

Nationwide, 15% of students indicate they had seriously considered suicide in the past 12 months. (CDC YRBS, 2011) San Luis Obispo County ranks higher than the national average with 18% of 9th graders reporting suicidal ideation over the past year (CHKS, 2011). More youth die from suicide than from combined rates for cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, and MHSOAC recommends an SAP team as a best practice in preventing suicide (Lee and Feldman, 2013). The County's PEI SAP teams employ several recommended approaches to suicide prevention including suicide awareness and education programs, increasing recognition of at-risk behavior among youth, faculty and parents, promotion of protective factors, reduction of peer and family conflict ,supportive counseling and treatment for youth with early suicide risk factors. Students demonstrated a 52% reduction in suicidal thoughts after their participation SAP (Fig. 25). A parent focus group participant shared the following story:

> ***"My son is a great kid and sweet, but because of his disability he said we wanted to die and would come home from school crying because of what other people would say. Because of SAP, he is getting stronger. He is more active now, he has friends over, and we play board games at night and Sonya (The Family Advocate) doesn't leave you behind, she is a hard worker and does a lot for our family."***

Cultural Competence

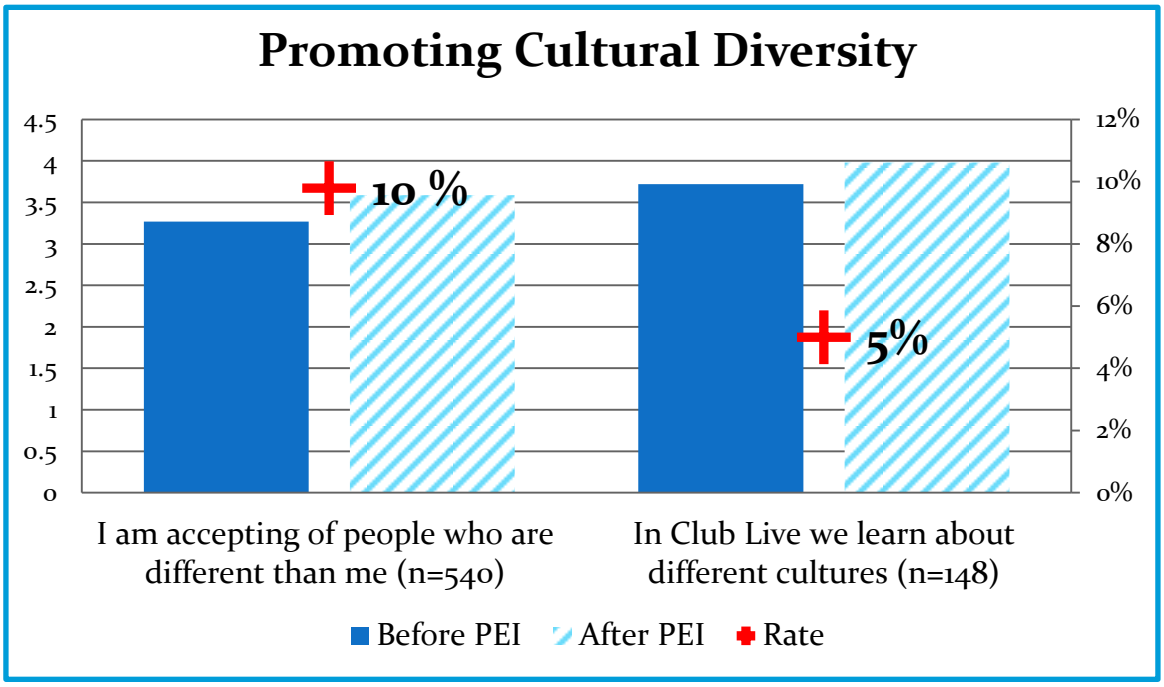


Figure 26

San Luis Obispo County's Behavioral Health Department is committed to providing culturally appropriate services in all MHSA programs, and all SAP participants receive bilingual and bicultural services. Club Live staff promotes cultural and ethnic diversity through events on

campus and in the community such as the Day of the Child (an event for monolingual Spanish speaking families). SAP retrospective survey results indicate a 10% increase in acceptance of different cultures, and Youth Development survey results indicated a 5% increase in opportunities for students to learn about cultures different than theirs over the 2008-09 baseline year (Fig. 26).

An example of one such opportunity is the "Latina Step Forward Program" at Flamson Middle School, in which eight SAP students were chosen to participate. The focus of the program was to target Latino female students who were at risk for gang involvement, struggling with academics and disciplinary problems, and who could benefit from receiving mentoring from positive role models. The project was overseen by the Vice Principal and The Link Family Advocate. The project specifically promoted the following: Importance of succeeding in school and keeping students engaged and motivated to succeed, homework and tutoring assistance, and reduction in disciplinary actions at school and participation in gang related or at risk activity outside of school.

Students met with their mentors weekly to review homework, progress reports, listen to guest speakers, and discuss issues that they may be struggling with. The students also had the opportunity to participate in different field trips and community services. The results exceeded expectations. At the end of the 3rd quarter of the first year, the eight participating students showed improvements in their academics and in their behavior in and out of class, and five of those students received a GPA of 3.0 or higher. All students avoided expulsion and demonstrated improved classroom behavior and attendance.

Latina Step Forward continues today and has expanded to include more service projects and educational opportunities outside of the school setting. Graduates of the program continue to serve as mentors to the middle school students. The program is planned to be replicated in the other SAP schools beginning in 2013-14.

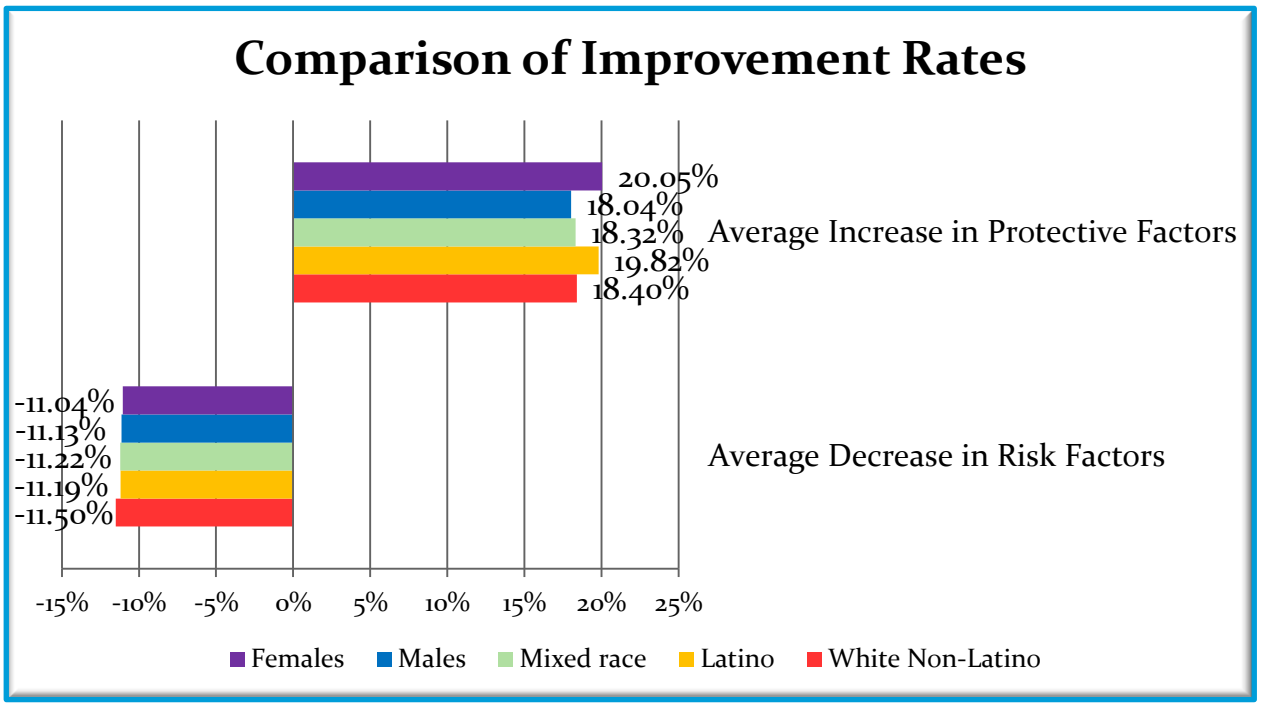


Figure 27

SLOBHD analyzed survey outcomes and ran comparisons to determine if there was difference in improvement rates between the three largest ethnic groups: Latino, White Non-Latino, and Mixed Race. Comparisons among genders were made as well. After running a test for significance, no significant differences between improvement rates among various ethnic groups were discovered. This finding would suggest that the SAP delivers culturally competent services and adapts services to deliver and meet student needs (Fig 27).

The same comparison was done between outcomes of male and female participants. Overall, there was a slightly higher average rate of improvement in protective factors among girls, but the difference was in alignment with national averages indicating boys have higher rates of aggression and girls tend to have higher rates of depression (Gourley, 2009). SLOBHD actively worked to improve engagement of male students in prevention activities. The chart below shows an increase in the percentage of males as compared to females engaged in Club Live since the PEI program expansion (Fig. 28).

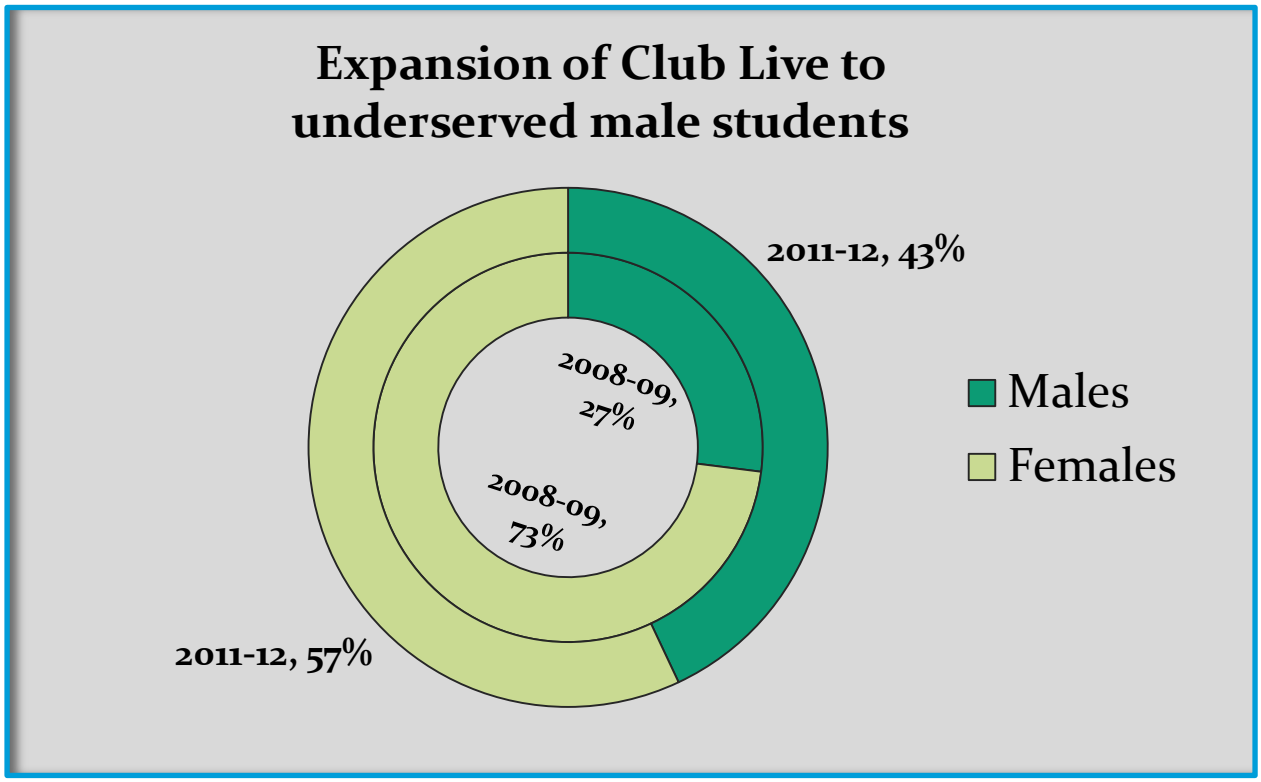


Figure 28

Although confidentiality prevented SLOBHD from capturing direct links between students and juvenile justice involvement, available juvenile justice data, as well as anecdotal focus group information, pointed to a correlation between the PEI programs and an overall reduction in referrals to probation.

Since the launch of PEI Programs, juvenile referrals to probation have decreased (Fig. 29). While many factors can play a role in the reduction of referrals, this continued reduction coincides with,

and adds validity to, other data including: self-report surveys from the PEI Middle School Comprehensive Project (Appendix E), interviews from parenting program participants, as well as parent and student focus group data (Appendix I). There an overall reduction in juvenile referrals to probation, as well as a decrease in "status" referrals to probation (i.e. truancy, curfew, runaway, etc.). This is an indicator that the programs are achieving major goals such as keeping kids safe, at home, in school, and out of trouble.

> ***"My friends and I have a lot of problems with our kids and had to call the police a lot. We try to be good mothers. With each problem, the Family Advocates help us learn to do better. When we do better, our kids do better. I am so happy." – Parent focus group participant***

Seventy five percent (75%) of youth focus group participants and 50% of parent focus group participants indicated that they or their family had been involved with law enforcement over the past year. Focus group participants shared the following:

> ***"Without SAP I would definitely be expelled and probably be locked up by now, I used to blow up at school and at my family. The cops have not come to my house in a long time." - Youth focus group participant***

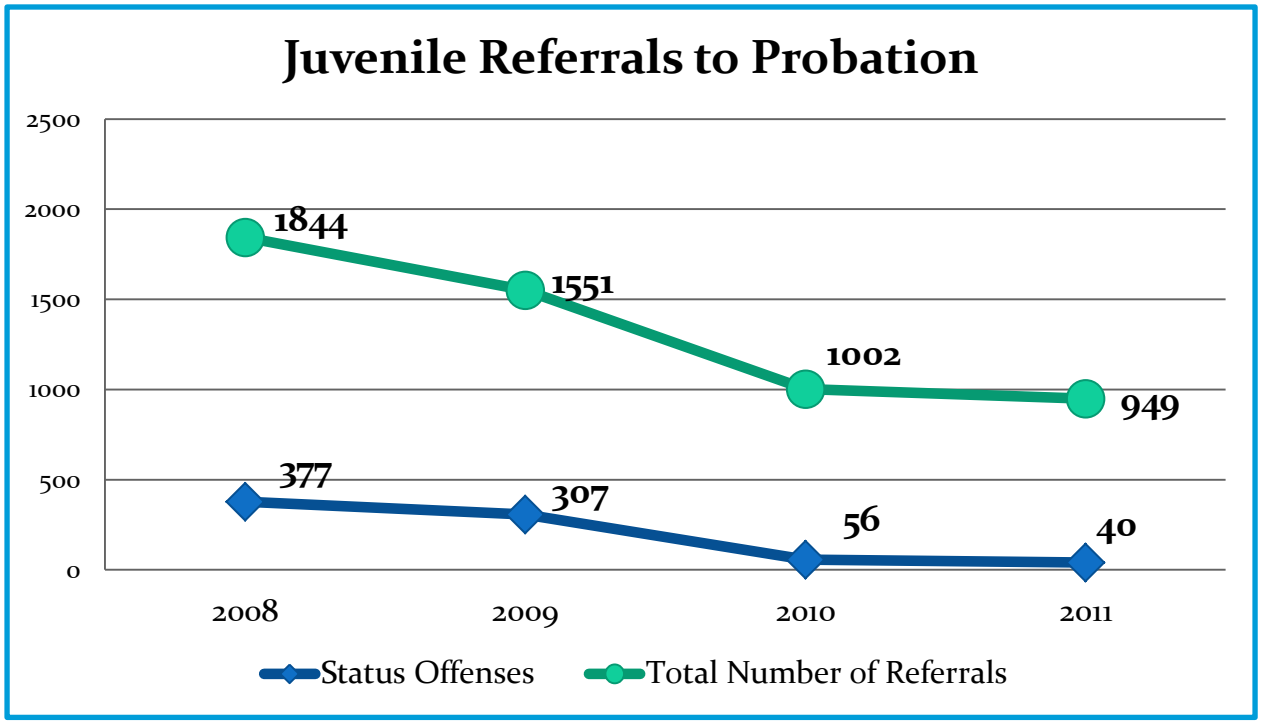


Figure 29

Feedback from Teachers

In preparing this report, SLOBHD conducted a survey of SAP school teaching staff in order to capture overall awareness and general feedback of the PEI Middle School Comprehensive Program. Eighty-three (83) staff responded to the survey (Appendix K).

Ninety-two percent (92%) of respondents indicated that they were aware of the SAP staff and 75% of responding staff have referred a student to the program. Staff verbatims include:

- ***Thank you for the opportunity to provide what students need before I can teach them. This is the biggest difference between my teaching experience in another county. I am glad I am not alone in helping my students.***
- ***The team is very helpful and a great asset to the campus.***
- ***We need more.***
- ***A wonderful addition to the campus and helping our kids out.***
- ***We appreciate being able to provide these extra services to our students and families. Thank you for the support.***
- ***They are much needed and it is great thay they are here.***
- ***It would be helpful if the services were available more often. They really do utilize the help.***
- ***We are so lucky to catch mental health issues early.***
- ***Thank you for the additional resources.***
- ***The support services are extrememly valuable and greatly needed.***

Student Wellness Initiative

The Student Wellness Intitiative included expansion of Club Live programming, as discussed in the previous section of this evaluation, but was also designed to include delivery of Botvin's Life Skills Curriculum (a SAMHSA-recognized best practice) to 5th grade classes throughout the county.

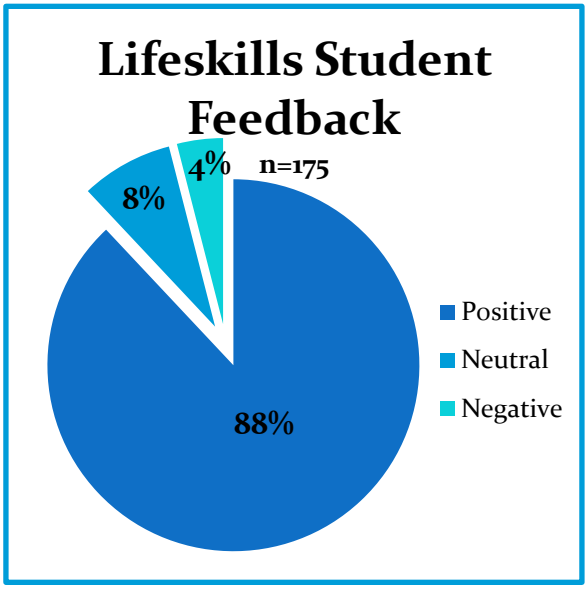
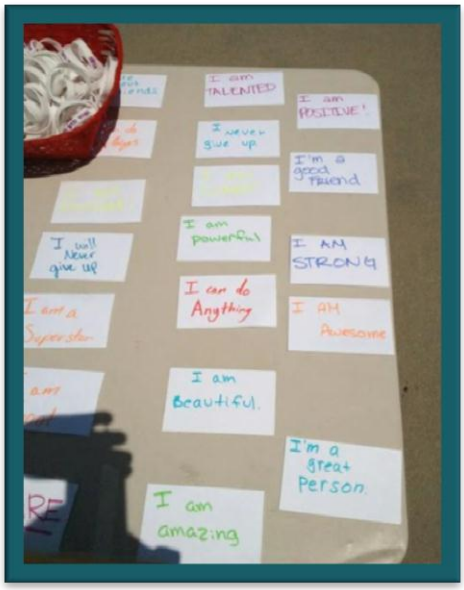


Figure 30

Despite positive feedback from teachers and students, this program never receieved the necessary momentum of support from districts and schools. SLOBHD tried multiple approaches to engage schools to participate in this program and delivered services throughout the county, however school interest dissipated in light of ever-increasing standards and limited classroom time availability. As indicated by the success of SAPs outlined above, school based programs require commitment and support from school and district admininistration.

In its first year, the curriculum was presented to approximately 175 of students in five elementary schools. Despite 88% of participants providing positive feedback (Fig. 30), and 100% of teachers providing positive feedback, the number of schools willing to support the classroom time needed for Botvin's Life Skills reduced to two. After a second year of trying to build a successful network of 5th grade classes, the MHSA stakeholders agreed the project needed to be reevaluated. No courses were offered in the third year of PEI, and resources were redistributed to other projects for the fiscal year.

Sober School Enrichment



San Luis Obispo County's Office of Education launched a Sober School for students ages 14-18 who struggled with drug and alcohol abuse and were committed to remaining sober. SLOBHD was able to support these efforts by providing a Student Support Counselor to address students' co-occurring issues of mental illness and addiction. 40 students have been served since 2009. Students apply to the program voluntarily and, once accepted, they enter a school environment that provides a comprehensive academic program that is paired with the extra support that this high-risk population requires - including a group run by the PEI Student Support Counselor specializing in substance abuse and dependence as well as some short-term, individual interventions if necessary.

SAMHSA has included sober high schools as a best practice (SAMHSA, 2011). The County's sober school program alligns with that designation. The effectiveness of the program is evident in the reactions of students who have been a part of sober schools.

> ***"This school saved my life. I have grown a lot as a person and learned that I don't need drugs or alcohol to lead a happy and successful life. I can be clean and sober—and still have fun."***
> ***- San Luis Obispo Sober School Student (California Educator, 2012)***

Students in the Sober School environment avoid some of the triggers that might occur at a regular high school, such as more access to drugs around campus, party culture, and negative peer associations. Greg Murphy, the lead teacher at San Luis Obispo County's Sober School, described the student population in a recent scholarly journal:

> ***"These kids take responsibility for their own difficulties in a way that most adults never have the courage to do. They throw themselves in, open themselves up, and discuss the kinds of things we all run from. They are highly intelligent and very motivated. They are an inspiration."***
> **(California Educator, 2012)**

Program #3 – Family Education, Training and Support		
Component	**Provider**	**2009-2012 Outputs**
3.1 Coordination of the County's Parenting Programs	San Luis Obispo Child Abuse Prevention Council (SLO-CAP)	See Table 3 Below
3.2 Parent Educator	SLO-CAP	83 classes delivered
3.3 Coaching for Parents/Caregivers	SLO-CAP	Over 500 families served

Family Education, Training and Support

The San Luis Obispo County Child Abuse Prevention Council (SLO-CAP) administers the Family Education, Training and Support Program, a multi-level approach to building the overall capacity of all county parents and other caregivers raising children. Target populations include: parents and caregivers in "stressed families" living with or at high risk for mental illness, trauma, substance abuse and domestic violence; as well as those parents/caregivers who are doing well and wishing to maintain stability.

SLO-CAP expanded the "Partnership for Excellence in Family Support" and launched a bilingual website www.sloparents.org which serves as a central clearinghouse to disseminate information on parenting classes, family support programs, and services. All promotional materials are available in English and Spanish. In addition to promoting parent education classes funded by PEI, the website also advertises course offerings from 18 agencies, resulting in a comprehensive calendar of parent education classes in the county. Seventy-nine additional resources are listed, including family resource centers, agency and private therapist support groups, online parenting information, and resources for parents with mental illness or addiction. Information topics for parents and professionals range from child development articles to autism, gang involvement, and asset-building. Listings are grouped by region for the convenience of viewers searching for local support. The parenting website exceeded all expectations, and has now become fully sustainable without MHSA funding. Table 5 shows website traffic during fiscal years 2010-11 and 2011-12. Prior to 2010, the site was hosted on a different server which captured data in a different method, and that information would not be comparable to other years.

Year	Average # Unique Visitors per Month	Number of Visits	Average # of Visits per Month	Total Pages Viewed	Av. # Pages Viewed per Month
2010-11	531	9,912	826	61,752	5,146
2011-12	788	9,460	1,407	72,128	6,011

Table 5

The website includes a comprehensive listing of the parenting classes offered in the county, including those funded through MHSA. Classes are listed by geographic location (Fig. 31), and Spanish language translation is available throughout the site. Spanish classes are offered throughout the county.

Classes are offered specifically for parents of children in certain age groups in addition to special topics for all ages such as: parents with special needs, parents in recovery, grandparents who are primary caregivers, and teen parents (Fig. 32). In the first three years of the County PEI Plan, SLO-CAP exceeded its projected number of offered classes, as well as the number of Spanish speaking classes delivered (Fig. 33). In addition, SLO-CAP focused the location of class delivery on underserved rural areas of the northern and southern portions of the county. As a result of this focus, average class size grew as transportation barriers were reduced (Fig. 34).

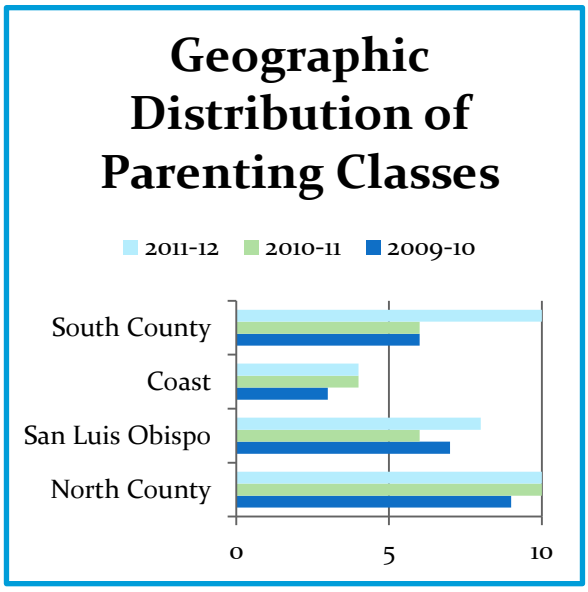


Figure31

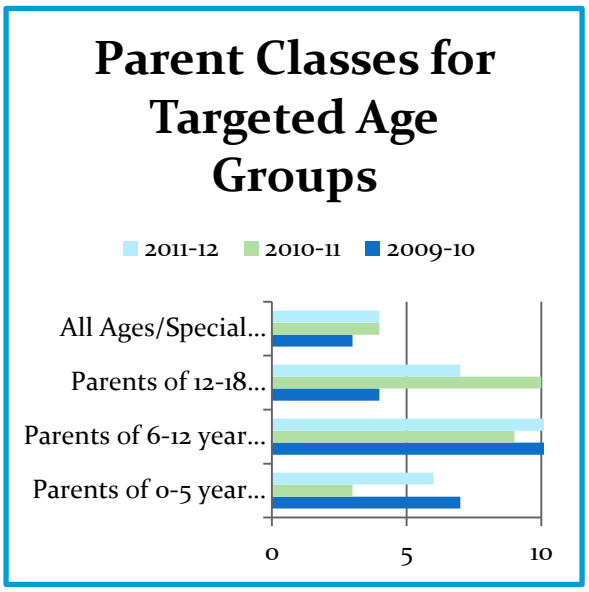


Figure 32

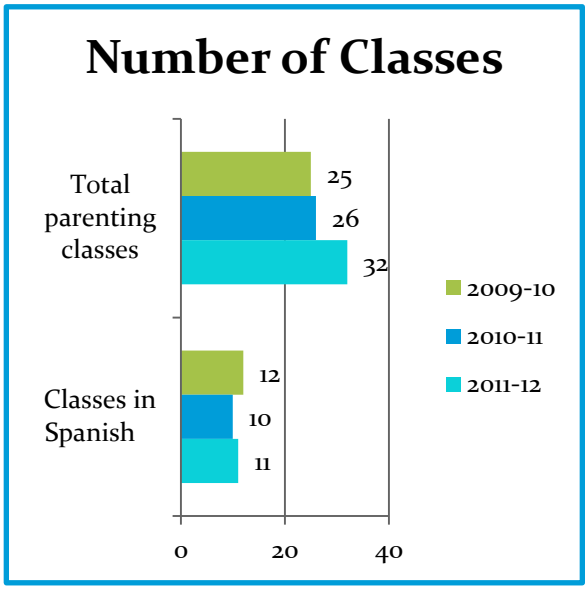


Figure 33

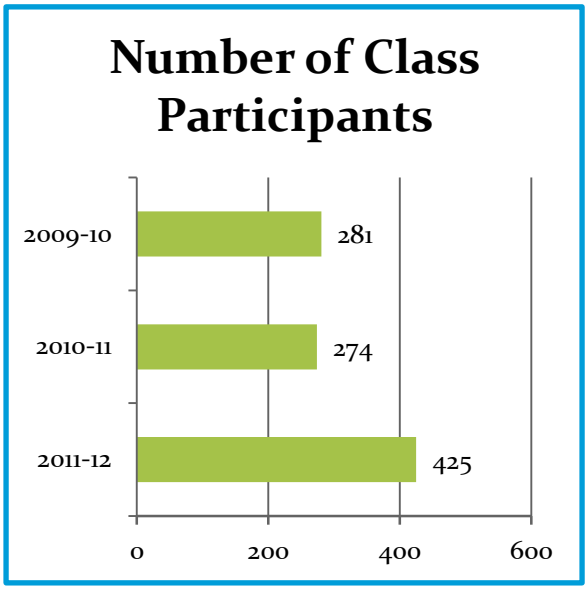


Figure 34

The Coaching component (Project 3.2) was originally subcontracted to a statewide warmline provider, but after difficulties in meeting target expectations, SLO-CAP determined that this component would be better managed internally to increase effectiveness. The Coaching Helpline was re-launched in 2010-11, and has served 513 families. Probation, Child Welfare Services, and local police departments routinely refer parents to the Helpline. In addition to offering one-on-one parent coaching and support, the parent coaches developed support groups based upon community need. Approximately 50% of coaching recipients receive two or more coaching sessions. Support groups included widowed fathers, homeless parents, teen parents, and fathers at the County Jail Honor Farm. Due to the success of the Honor Farm Program, SLO-CAP partnered with the Women's Jail to offer a parenting class to incarcerated women as well.

SLO-CAP employed an external program evaluator and those evaluation activities (surveys, interviews, rosters, follow up phone calls, and focus groups) and information were integral to program development, sustainability, and expansion. SLO-CAP collected more information than required through their County contract, allowing them to make internal program improvements and adjustments to serve community needs in real time. When funding was no longer available for evaluation, SLO-CAP enlisted Americorps workers to sustain some of the evaluation activities, but at a less intense level. Table 6 lists some of the information collected by the SLO-CAP evaluation.

PEI Plan Anticipated Outcomes – Project 3	2009-12 Actual Outcomes
Parent and caregiver participants will demonstrate improved skills in responding to the social, emotional and behavioral health issues	97% of participants reported improved parenting skills 85% of parents reported their relationship with their child improved as a result or parenting classes or coaching.
Families will demonstrate improved communication and listening skills	97% of participating families reported improved communication.
Families will demonstrate improved safe and effective discipline	95% of participating families reported improved safe and effective discipline.
Parents will report increased self esteem	86% of participating parents reported increased self esteem
Families will report reduced stressors and trauma	87% of participating parents reported a decreased level of stress.
Parents and caregiver participants will demonstrate increased successful follow through on linkages/referrals.	Year 2: 115% Increase from 2009/10 baseline year Year 3: 86% Increase from 2011/12
Children of participants will demonstrate increased school attendance	79% of participants' children demonstrated increased school attendance.
Children of participants will demonstrate improved behavior	84% of participants' children demonstrated improved behavior
Parents and caregivers will report decreased contact with juvenile justice system and child welfare system.	Parents who reported children were "out of control" reported a 39% decrease in escalations requiring outside intervention.
Increased number of parenting and caregiver resources including training and education throughout the county.	40% Increase in available classes 175% increase in listed agencies over baseline (2009/10) year.
Increased number of families who will more readily utilize community supports	95% of parents surveyed reported an increase in awareness of resources available throughout the County 86% said they were likely to use those resources
Increased number of parents and caregivers seeking universal and selective prevention programming.	51% Increase in participation of parenting classes 40% Increase in average class size

Table 6

Program #4– Early Care and Supports for Underserved Populations		
Component	**Provider**	**2009-2012 Outputs**
4.1 Successful Launch Program for at risk Transitional Aged Youth (TAY)	Cuesta College	490 youth provided referral and assistance 223 youth enrolled in the program (case managed)
4.2 Older Adult Mental Health Initiative	Wilshire Community Services	Over 5,000 Depression Screenings 11,000 of Senior Peer Counseling Hours 12,000 Caring Caller Hours
4.3 Latino Outreach and Engagement	Latino Outreach Program	Over 3,000 community members provided information and referral to services

Successful Launch Program for at-risk Transitional Aged Youth (TAY)

The National Alliance on Mental Illness (NAMI) indicates that the transition period from adolescence into adulthood is a time of increased risk for the onset of new psychiatric illnesses. Transitional Aged Youth (TAY) who are wards of the court, involved in juvenile justice, community school participants, dropouts, or homeless are at an elevated level of risk. Research suggests that transitional aged youth require significant support and effective services throughout the transition period (NAMI, 2006). These supports include: educational, vocational and housing support, service coordination, mental health and substance abuse treatment. Without these supports, vulnerable, at-risk TAY are only half as likely as their counterparts to obtain a high school diploma or GED. At-risk TAY are four times less likely to be engaged in employment, college or obtain self-sufficiency prior to 30 (NAMI, 2006).

While the Department of Social Services' Independent Living Program (ILP) was available for local Foster Youth, it did not extend services to other at-risk TAY. The Successful Launch program, developed and provided by Cuesta (community) College extended the supportive services to include TAY who would not otherwise qualify for ILP. Not only did Cuesta succeed in expanding services to TAY overall, but also expanded services to Latinos (Fig. 35).

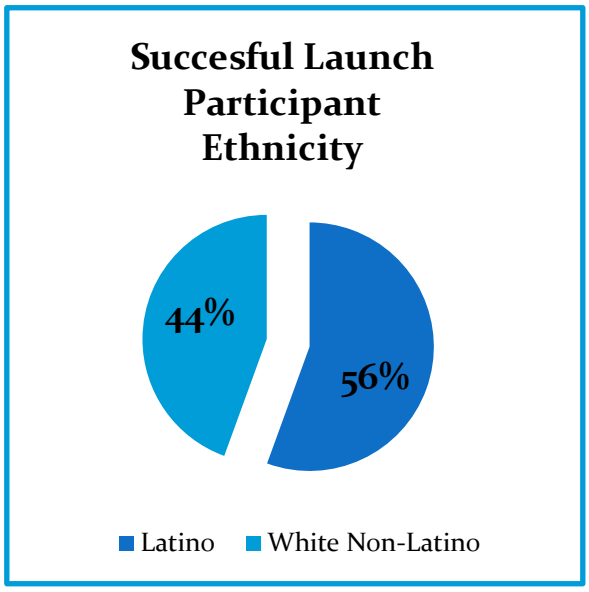


Figure 35

According to assessments by case managers of Successful Launch participants, the program was successful in meeting and exceeding the anticipated PEI outcomes (Table 7). Cuesta College continually evaluated program efficiency and worked toward sustainability. Cuesta successfully leveraged

additional resources with increased collaboration amongst existing programs such as Workforce Investment Act (WIA) to increase supported employment services, and John Muir Charter School to increase the ability of TAY to obtain a high school diploma – even though some participants had been dropouts for over five years.

When one-time funding ended for Successful Launch, the budget was reduced by 30%. As a result of the increased collaboration and partnerships, Successful Launch continues to serve youth without compromising quality of services. In 2013 Successful Launch began partnering with the newly-formed MHSA Homeless Outreach Team to increase services available to homeless TAY. A Successful Launch case manager shared the following story:

> ***One youth began Successful Launch in the fall and did not believe he could graduate, as he was very behind in credits. His behavior was also keeping him from succeeding and moving back to the district from which he was expelled. As the term progressed, his behavior and attitude had improved so much he was accepted back to the district and welcomed into continuation school. He was able to secure a seasonal part time job, he entered the program's virtual academy and was able to make up his math credits, while being tutored by his Successful Launch caseworker. He was able to complete his training and obtain his driver's license. By June of the same year he was not only able to graduate but, because of his job, driver's license, and independent living skills class, he was able to move out, find housing and enroll in Cuesta College.***

PEI Plan Anticipated Outcomes – Project 4.1	2009-12 Actual Outcomes
TAYs will have housing and demonstrate self-sufficiency after they have left foster care or begin living independently	83% of participating TAYs demonstrated self-sufficiency upon completion of the program. 89% of participating TAYs obtained stability of housing upon completion of the program.
TAYs will be enrolled in post-secondary education or retain employment	61% of participating TAYs obtained employment or a pursued post-secondary education upon completion of the program.
TAYs demonstrate a decrease in destructive and unhealthy behaviors	85% of participating TAYs demonstrated a decrease in destructive behaviors upon completion of the program.

Table 7

Older Adult Mental Health Initiative

The Older Adult Mental Health Initiative, administered by Wilshire Community Services provides a continuum of services for Older Adults at risk for isolation, depression, or other mental health challenges. The PEI Older Adult Mental Health Initiative includes several tiers of service for Older Adults, including Outreach, Depression Screening, the Caring Callers Program, and Senior Peer Counseling. Wilshire was able to expand and improve all of their services for Older Adults, and in the case of Depression Screenings, Wilshire exceeded PEI planned outcomes.

Caring Callers is a preventive social enrichment program targeted at older adults at risk for depression and other mental health issues due to isolation and loneliness. The volunteer Caring

Callers program stimulates, expands and enhances the social activities of older adults. In the course of services they provide critical social support and referral to other resources when needed, thus decreasing the potential for mental health problems associated with isolated seniors.

The Senior Peer Counseling Program provides emotional and psychological counseling and supportive services to older adults who are experiencing emotional distress involving such issues as health problems, grief, care-giving, depression, anxiety, loss, or family difficulties. Professionally trained senior peer volunteers (age 55+) offer these services in the client's residence.

Initially, Wilshire was anticipated to provide depression screenings at regular health fairs, mobile home parks, churches, and senior centers. Wilshire partnered with other agencies (i.e. Hospice, Primary Care Physicians, etc.) and expanded depression screenings to all of their clients and caregivers. As a result, Wilshire conducted over 1,800 depression screenings annually.

All clients received pre-post and mid-point assessments by a trained clinician or volunteer under supervision of a trained clinician. Standardized instruments, such as the the Patient Health Questionnaire version 9 (PHQ – 9), life satisfaction and activity surveys, as well as clinician progress notes provided information for the summary of outcomes in Table 8 below. As Wilshire collects more information via these tools than required by the original PEI plan, SLOBHD intends to work with Wilshire in 2013-14 in order to seek to discover more meaningful data regarding the needs of Older Adults in our community.

PEI Plan Anticipated Outcomes – Project 4.2	2009-12 Actual Outcomes
Older Adults receive early identification for depression and assistance with accessing care	85% of Older Adults screened showed mild to moderate symptoms of depression 69% decrease in symptoms of depression from those who received Senior Peer Counseling Services. 73% decrease in feelings of loneliness of clients who received Caring Callers or Senior Peer Counseling Services.
Older Adults remain healthy and happy in their homes due to visitors and counseling, and demonstrate improved protective factors	90% of Older Adults receiving Caring Caller services reported an increase in their activity levels with an average increase of 69%.
Decreased in the number of Older Adults seeking intensive mental health treatment due to early identification and intervention of depression and mitigation of risk factors.	Due to an increase in depression screenings and peer counseling services, more Older Adults were referred to and sought mental health treatment and more intensive case management services. Innovation project 3 addresses the needs of Older Adults who are too high need for PEI programs, but do not qualify for Older Adult FSP.

Table 8

Through evaluation and technical assistance provided by the County, Wilshire was able to identify areas in which the programs were most successful and what areas needed improvement. Wilshire discovered that when compounding issues existed, such as difficulty with transportation or difficulty maintaining activities of daily living, clients experienced less overall improvement. This realization inspired Wilshire to start the Good Neighbor Program in 2010. The Good Neighbor Program provides volunteers to help with essential tasks of daily living for clients. Clients are more able to focus on aspects of mental wellness and appear to show more improvement in depression scores and overall wellbeing when involved with Good Neighbor. Although the Good Neighbor Program is not funded by MHSA it, and other advancements, would not have happened without information provided through PEI programs.

PEI funding allowed Wilshire to make improvements to the ways in which services are delivered. The approach to service delivery at Wilshire is more effective than in previous years. Details of how services have improved and therefore increased access to the underserved Older Adult population are outlined in Table 9, below.

Quality of Services Prior to PEI Funding	Quality of Services After PEI Funding
No Volunteer Training for Caring Callers	Volunteers are required to attend a training prior to being matched with clients. Trainings are offered once a month and cover topics including; maintaining appropriate boundaries, reporting suspected abuse, and red flags (i.e. signs of depressed mood, suicidal ideation, etc) to report to staff for follow up.
Assessments were short and focused only on requested service. Assessments were performed by volunteers who did not necessarily have clinical backgrounds and/or experience.	All Wilshire clients receive an assessment by a trained clinician. Assessments are designed to identify areas of need as well as strengths and existing resources. Every assessment includes a tool designed to identify symptoms of depression (Ph-Q 9).
Once assessed clients were matched with a volunteer, no reassessment or follow up was ever completed.	Case Managers are assigned to clients and work to link them to appropriate services within Wilshire Community Services as well as other community resources. Reassessments are performed annually. If the client presents with compounding issues requiring more frequent reassessments, Case Managers are available to follow up more frequently.
Evaluations of services were based primarily on clients' experience.	Evaluations include client's thoughts regarding their experience, a clinical assessment of mental health, and before and after depression screening scores.
Caring Caller volunteers did not have on-going support or opportunities for further education.	Monthly volunteer support meetings are conducted to provide an opportunity for educational presentations, case review, and monitoring of volunteer performance.

Table 9

Latino Outreach Program

The Latino Outreach and Engagement program, originally funded under the Community Services and Supports (CSS) component of MHSA, was partially transferred to PEI in 2009. The goal in moving the outreach activities of the program into PEI was to increase awareness and knowledge of mental health services with the monolingual, low-acculturated Spanish-speaking population of the county, including those in rural, hard-to-serve locations. In the three years measured herein, the Latino Outreach Program made 3,000 contacts in the community specifically to increase awareness of services. Increased awareness through PEI led to increased access to mental health services with an average of 185 Latino clients being served in the program annually. In the first year of PEI support for the Latino Outreach Program, 196 clients were served, versus 161 in the year previous. The average number of clients served during the PEI evaluation period was 185. Surveys conducted to measure audience awareness of available mental health services were collected at outreach events, and the results are found in Table 10.

PEI Plan Anticipated Outcomes – Project 4.3	2009-12 Actual Outcomes
Latino individuals and families increase knowledge of risk and protective factors related to mental health issues and demonstrate increased knowledge of community services and supports.	100% of Latino Outreach program participants indicate increased knowledge of community services and supports resulting in an expansion of the Latino Outreach Therapy program.
Increased number of Latino families who will more readily utilize mental health PEI and other needed services	100% of Latino Families surveyed indicate they will refer their friends and families to services.

Table 10

Program #5 – Integrated Community Wellness		
Component	**Provider**	**2009-12 Outputs**
5.1 Community Based Therapeutic Services	Community Counseling Center Wilshire Community Services County Behavioral Health	Over 5,000 hours of brief, low intensity therapy provided
5.2 Resource Specialists	Transitions Mental Health	2,100 individuals served

Community Based Therapuetic Services

San Luis Obispo County's Behavioral Health Department (SLOBHD), Wilshire Community Services, and Community Counseling Center of San Luis Obispo provide brief (under 10 sessions), low intensity, solution-focused therapy to individuals and families throughout San Luis Obispo County. SLOBHD provides counseling services to Transitional Aged Youth. Community Counseling Center focuses on the adult population and Wilshire targets its counseling to older adults. Based on therapist assessments from all providers, interviews and focus groups the expectations of the PEI plan were met and wellness of the community members was increased (Table 11).

Access to therapy has increased to all underserved populations throughout San Luis Obispo County. Not only did Community Counseling Center expand locations to include Paso Robles and Grover Beach, but they now offer extended hours, weekend appointments, and collaborate with other agencies and family resource centers to offer counseling along the coast and rural areas. Wilshire Community Services provides Older Adult Transitional Therapy throughout the County in non-traditional settings, including the clients' homes, community and senior centers, churches, and partner agencies. SLOBHD provides services to students in non-traditoinal settings as well, including community schools and Cuesta College, Generation Next Teen Resource Center, family resource centers, such as The Link, and other convenient locations as requested by the clients when appropriate. All providers have improved service delivery with increasing Spanish language services and bulding infastructure to improve quality.

During a focus group of Commmuntiy Counseling Center participants, 100% of individuals indicated that prior to counseling they struggled with one or more of the following: suicidal ideation, depression, relationships, and lack of coping skills. Sixty percent (60%) of clients struggled with co-occurring substance use issues. In addition, all clients shared that they lacked stability of housing and spent time "couch surfing" or at intermittent residences. Every participaint interviewed atrributed the coping skills they learned in couseling as helping them find stability in their lives including employment and housing. One participant shared:

> ***"One of the things I struggled with was suicidal thoughts. Before coming here, my friends called Mobile Crisis because I said I felt suicidal. Mobile Crisis helped me make the call to Community Counseling Center. Before counseling my default thinking was "I am broke, I am homeless, I have no job, I am angry, and I should kill myself". Now that doesn't happen as much. I am a published***

writer, I have a home, and I am in a healthy and stable relationship. I have stopped drinking, and I volunteer and am more active in my community."

PEI Plan Anticipated Outcomes – Project 5.1	2009-12 Actual Outcomes
Participants will demonstrate improved skills in responding to the social, emotional and behavioral issues related to mental health.	100% of counseling participants indicate improved coping skills.
Individuals will report improved health and wellness following brief interventions.	Older Adult therapy participants showed a 60% decrease in symptoms of depression.
Participants will demonstrate increased successful follow through on linkages/referrals.	92% of community based counseling participants access other supportive services
Adult counseling participants will demonstrate improved protective factors such as increased work attendance, and improved coping skills and behaviors,	Adult counseling participants show an average improvement rate of 83% in areas appropriate for each client
Youth counseling participants will demonstrate increased school attendance; reduced behavioral problems; decreased risk factors.	100% of Transitional Aged Youth counseling participants show an improvement in areas appropriate for each client (See detailed chart below).

Table 11

In 2011-12, SLOBHD conducted a survey among TAY Counseling Participants; similar to the survey delivered to students as part of PEI Project 2 (Appendix E) . All results, when measured between the times of intake and exit elicited a statistically significant (p=<.05) response. Table 12 shows an improvement rate in protective factors (green) and a decrease in risk factors (red).

Young Adult Counseling Survey n= 47	Average Before	Average After	Rate of Change
If I had a personal problem, I could ask a family member for help	1.57	2.14	36%
I have a good relationship with my parents	1.79	2.43	36%
I feel good about myself	2.07	3.08	49%
I think about the consequences to my actions	2.36	3.21	36%
I'm accepting of people who are different than me	3	3.57	19%
It is easy for me to talk to people I don't know very well.	2.5	3.21	28%
If I were bullied or harassed, I feel confident in my ability to handle the situation	2.43	3.21	32%
I feel confident in my ability to cope with stress, depression and anxiety	1.86	2.57	38%
The number of times I got into a physical fight or threatened someone is	3	1.36	-54%
The number of times I used marijuana is	3.63	1.64	-55%
The number of times I used alcohol is	3.25	2.14	-34%
The number of times I used other drugs (cocaine, ecstasy, meth, pills, etc.) is	4	1.43	-64%
The amount of time I've hurt myself on purpose (cutting, burning, etc.)	3	1.23	-59%
The number of times I have seriously thought about suicide is	2.8	1.79	-36%

Table 12

Resource Specialists

Transitions Mental Health Association (TMHA) provides Community Wellness Advocates (labeled Resource Specialists in the PEI plan) to provide extended services and supports to clients being referred via the SLOtheStigma campaign, Project 4's increased outreach and screening activities, and PEI Community Based Therapeutic Services. Wellness Advocates not only have knowledge of available resources and expertise in system navigation, but have the added expertise that comes from lived experience as either a client or a family member. Satisfaction surveys conducted by TMHA Advocates suggest the PEI anticipated outcomes were met (Table 13). The story below illustrates how this benefits the cients, as well as those providing the service.

> ***"Every once in a while, you get the chance as a Wellness Advocate to really feel the impact you are having on the people we work with. For me, this happened when I sat down with 'Sarah,' who was now struggling with depression and several other life stressors. Sarah described herself as "completely without hope anymore," as she sat in front of me in tears.***
>
> ***I asked her to share her story with me, to let me know what was bothering her most. She hesitantly shared the basic details of her story, but she seemed rather uncomfortable with the whole idea of disclosing such personal information with a relative stranger. To help her along, I shared a little information about myself, including the fact that I am also a peer who suffers from depression. I further disclosed that she was only the second person I had met who shared that they suffered from the same "weird" anxiety issue as I do – one that prevents us from regularly checking the mail, often for months at a time. With that one small revelation, the entire mood of the meeting changed.***
>
> ***We were able to bond over this, each of us remarking how silly it seemed and how no one else really understands why we can't do something that most people don't think twice about. After that, Sarah was able to look at herself in a different light. She saw herself in me and realized that if I was able to recover from my depression and continue to be a high-functioning member of society, then there was finally some hope for her, too. Before she left, she thanked me repeatedly and commented on how hopeful she now felt!"***
>
> ***-Jessica Wellness Advocate***

PEI Plan Anticipated Outcomes – Project 5.2	2009-2012 Actual Outcomes
Participants will increase engagement with support services for alcohol and drug abuse, domestic violence, child abuse, sexual assault/abuse, and reduced engagement with law enforcement.	95% of clients surveyed indicated they accessed services and that they were helpful. 98% of clients who accessed supportive services agreed that their quality of life improved as a result.
Increased number of individuals and families who utilize community supports, because of assistance in accessing resources and systems.	98% of clients surveyed agreed that access to services was improved due to the Resource Specialists

Table 13

The completed Evaluation Report was disseminated to stakeholders and the public in July, 2013. This report establishes both a quantitative baseline expectation of the programs outlined as part of the county's prevention initiatives and will be useful in further program measurement in future years. Qualitative results, including those which detail program expansion, adjustment, and anecdotal successes are also beneficial to local stakeholders and will be used to construct future indicators and measures.

Additionally this report serves as a both a conclusive short-term evaluation of programs launched, for the most part, from "scratch" and will act to guide expectations for the county's PEI stakeholders. Also, the baseline figures produced herein will provide future study of long-term measures (i.e. overall community wellness, reduction in school-based mental health referrals, increased community awareness and stigma reduction, etc.) a strong platform for evaluation.

All information, statistics, interviews, photographs and anecdotal material in this report have been made available by PEI project partners as part of this evaluation project. Behavioral Health would like to thank Community Action Partnership, Community Counseling Center, The Link, San Luis Obispo Child Abuse Prevention Council, Transitions Mental Health Association, Wilshire Community Services, Silvia Ortiz, and Cuesta College. SLOBHD is also very grateful to the staff and administration of the schools participating in the Middle School Comprehensive Project: Atascadero Junior High School, Flamson Middle School, Judkins Middle School, Los Osos Middle School, Mesa Middle School, and Santa Lucia Middle School.

Credit and appreciation is due to clients and families, who participated in the programs, took time answer surveys, and those who participated in interviews and focus groups. Without their willingness to share their experiences, this effort would not be possible.

San Luis Obispo County Behavioral Health Department's evaluation efforts were assisted greatly by interns employed through California Polytechnic State University's (Cal Poly) Master's In Public Policy (MPP) program. MPP interns not only received valuable education in the public sector, but without their hard work and dedication, this report would not be possible. SLOBHD is proud to thank all of the MHSA interns who have worked in the project since PEI began in 2009 for their contributions, not only to this report, but to the success of PEI programs.

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	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
18. Does your child follow routine directions? For example, does she come to the table or help clean up her toys when asked?	☐ z	☐ v	☐ x	○
19. Does your child cry, scream, or have tantrums for long periods of time?	☐ x	☐ v	☐ z	○
20. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home?	☐ z	☐ v	☐ x	○
21. Does your child do things over and over and can't seem to stop? Examples are rocking, hand flapping, spinning, or _____ . (You may write in something else.)	☐ x	☐ v	☐ z	○
22. Does your child hurt himself on purpose?	☐ x	☐ v	☐ z	○
23. Does your child stay away from dangerous things, such as fire and moving cars?	☐ z	☐ v	☐ x	○
24. Does your child destroy or damage things on purpose?	☐ x	☐ v	☐ z	○
25. Does your child use words to describe her feelings and the feelings of others, such as, "I'm happy," "I don't like that," or "She's sad"?	☐ z	☐ v	☐ x	○

TOTAL POINTS ON PAGE ___

Childs Name_____ **Provider Name**_____
Childs Age_____

Date_____

Pre Behavior Rating Scale □ **Post Behavior Rating Scale** □

Please rate the student on each of the following items; using the nine-point scale to indicate the degree to which each statement is true of the child (please check the appropriate box). Consider each statement separately.

To what extent is each item true of the child?

	Not at all True 1	2	A little True 3	4	Moderately True 5	6	Quite a bit True 7	8	Extremely True 9
1) Says or does nice things for other kids.									
2) Verbally threatens to physically harm a peer in order to get what he/she wants.									
3) Hurts other children by pinching them.									
4) Is kind to peers.									
5) Is teased, picked on, threatened, or otherwise bullied.									

	Not at all True 1	2	A little True 3	4	Moderately True 5	6	Quite a bit True 7	8	Extremely True 9
6) Tells a peer that she/he won't play with a peer, or be that peers friend, unless he/she does what this child asks.									
7) Tries to get others to dislike a peer (e.g., by whispering mean things behind the peers back.									
8) Is overly inhibited: child withdraws; is overly timid or shy; watches others, and/or avoids joining others in play.									
9) When mad at a peer this child keeps that peer from being in the play group.									
10) Is helpful to peers.									
11) Kicks or hits others.									
12) Is good at sharing and taking turns.									
13) Gives up or gives in too easily with peers and/or adults.									

	Not at all True 1	2	A little True 3	4	Moderately True 5	6	Quite a bit True 7	8	Extremely True 9
14) Verbally threatens to keep a peer out of the play group if the peer doesn't do what the child asks.									
15) Pushes or shoves other children.									
16) Tells others not to play with or be a peer's friend.									
17) Verbally threatens to hit or beat up other children									
18) Ruins peer's things when he/she is upset.									
19) Tells a peer that they won't be invited to his/her birthday party unless he/she does what this child wants.									
20) Easily upset by peers or adults when things don't go his/her way.									
21) Can't wait, grab toys, generally impatient.									
22) Completes activities, overcomes obstacles by him/herself.									

Nombre del niño_____ **Nombre de Proveedor**_____
Edad del niño_____

Fecha_____

Escala de Comportamiento de Antemano □ **Escala de Comportamiento Prefijo** □

Por favor califique el estudiante en cada uno de los siguientes puntos; usando una escala de nueve puntos para indicar el punto en que cada frase es verdadera del niño (por favor marque la caja indicada). Considere cada frase por separado.

Hasta que punto es cada una de las cada frases verdaderas sobre el niño?

	No es verdad para nada 1	2	Un poco cierto 3	4	Moderadamente cierto 5	6	Mas o menos cierto 7	8	Extremadamente cierto 9
1) Dice o hace cosas buenas para otros niños.									
2) Amenaza verbalmente con dañar físicamente a un compañero(a) para conseguir lo que quiere.									
3) Lastima a otros niños al pellizcarlos.									
4) Es amable con sus compañeros.									
5) Se burlan de el, lo amenazan o se burlan de ellos.									

	No es verdad para nada 1	2	Un poco cierto 3	4	Moderadamente cierto 5	6	Mas o menos cierto 7	8	Extremadamente cierto 9
6) Le dice a un compañero que no va a jugar con el/ella, o ser su amigo, a menos que el/ella haga lo que el niño diga.									
7) Trata de hacer que otros no quieran a su compañero (e.j., susurrando cosas malas a espaldas de su compañero)									
8) Es demasiado cohibido: niño se retira; es demasiado tímido o vergonzoso; mira a otros, y/o evita jugar con otros niños.									
9) Cuando esta enojado con un compañero el niño mantiene a ese compañero fuera del grupo de juego.									
10) Es útil a sus compañeros.									
11) Patea o pega a otros.									
12) Es bueno en compartir y tomar turnos.									
13) Cede o se da por vencido muy fácilmente con sus compañeros y/o adultos.									

	No es verdad para nada 1	2	Un poco cierto 3	4	Moderadamente cierto 5	6	Mas o menos cierto 7	8	Extremadamente cierto 9
14) Verbalmente amenaza con mantener a un compañero fuera del juego si el compañero no hace lo que el niño dice.									
15) Empuja otros niños.									
16) Dice a otros no jugar o ser amigos de un compañero.									
17) Verbalmente amenaza con pegar a otros niños.									
18) Arruina las cosas de su compañero cuando esta enojado(a).									
19) Le dice a un compañero(s) que no serán invitados a su fiesta de cumpleaños si no hacen lo que el/ella quiere.									
20) Se enoja muy fácilmente con sus compañeros o adultos cuando las cosas no van como el/ella quiere.									
21) No se puede esperar, agarra juguetes, generalmente impaciente.									
22) Termina actividades, vence obstáculos por si mismo.									

Child _____
Program_____

The Early Childhood Behavior (ECB) Rating Scale
Myrna B. Shure, Ph.D

Pre Test

Forming the Factors:

Factor 1: Overt/Physical Aggression Items: 2, 3, 11, 15, 17, 18

Factor 2: Impatience/Over-emotionality Items: 20, 21

Factor 3: Relational (Emotional Aggression) Items: 6, 7, 9, 14, 16, 19

Factor 4: Victimized Item: 5

Factor 5: Shy/Withdrawn Items: 8, 13

Factor 6: Autonomy/Initiative Item: 22

Factor 7: Prosocial/Social Competence Items: 1, 4, 10, 12

The Early Childhood Behavior (ECB) Rating Scale
Myrna B. Shure, Ph.D

Post Test

Forming the Factors:

Factor 1: Overt/Physical Aggression Items: 2, 3, 11, 15, 17, 18

Factor 2: Impatience/Over-emotionality Items: 20, 21

Factor 3: Relational (Emotional Aggression) Items: 6, 7, 9, 14, 16, 19

Factor 4: Victimized Item: 5

Factor 5: Shy/Withdrawn Items: 8, 13

Factor 6: Autonomy/Initiative Item: 22

Factor 7: Prosocial/Social Competence Items: 1, 4, 10, 12

Prevention & Early Intervention Program Survey

1. Have the parent newsletters helped you better understand your child's social-emotional development?
   Yes No
   Comments:_____
   _____
   _____

2. Are the activity summaries and lesson extension activities helpful?

3. During this past year, have your child's social emotional and behavioral skills improved?
   Yes No
   Comments:_____
   _____
   _____

Please return to your child care provider and thank you for your time.

Programa de Prevención e Intervención Temprana Encuesta

1. ¿Cree que los boletines de noticias para los padres le han ayudado a entender mejor el desarrollo social-emocional de su hijo?
   Si No
   Comentarios:_____
   _____
   _____

2. ¿Son los resúmenes de las actividades de extensión y actividades de la lección útiles?

3. ¿Durante este último año han mejorado sus habilidades de comportamientos sociales y emocionales de su hijo?
   Si No
   Comentarios:_____
   _____
   _____

Por favor regrese la encuesta a su proveedor y gracias por su tiempo

Student Assistance Program Outcomes

Please circle the appropriate mark for each student based on the following key:
- - If the performance in this area DECLINED **after being engaged in the SAP**
- = If the performance in this area has REMAINED THE SAME…
- + If the performance in this area has IMPROVED…

**Please indicate any observations regarding the student's participation, motivation, or attitude towards school in the notes section. Use extra space if necessary.

First Initial	Last Name	Reason for SAP Referral	GRADES	ATTENDANCE	REFERRALS	NOTES

Student Assistance Program Questionnaire

Looking back at your time in counseling, please answer the following questions. Your answers are kept confidential and your honesty is appreciated.

Gender: _____ Race/Ethnicity:_____

Age: _____ School: _____

Grade:_____

Before Starting program					After program			
A's	B's	C's	D's& F's	**My grades are mostly…**	A's	B's	C's	D's& F's
Disagree 1	2	3	Agree 4	**I am involved in activities outside of class.**	Disagree 1	2	3	Agree 4
Disagree 1	2	3	Agree 4	**If I had a personal problem, I could ask my mom or dad (or other family member) for help.**	Disagree 1	2	3	Agree 4
Disagree 1	2	3	Agree 4	**I have a good relationship with my parents.**	Disagree 1	2	3	Agree 4
Disagree 1	2	3	Agree 4	**I feel good about myself.**	Disagree 1	2	3	Agree 4
Disagree 1	2	3	Agree 4	**I think about the consequences to my actions.**	Disagree 1	2	3	Agree 4
Disagree 1	2	3	Agree 4	**I'm accepting of people who are different than me.**	Disagree 1	2	3	Agree 4
Disagree 1	2	3	Agree 4	**It is easy for me to talk to people I don't know very well.**	Disagree 1	2	3	Agree 4
Disagree 1	2	3	Agree 4	**If I were bullied or harassed I feel more confident in my ability to handle the situation.**	Disagree 1	2	3	Agree 4
Disagree 1	2	3	Agree 4	**I feel confident in my ability cope with stress, depression and anxiety.**	Disagree 1	2	3	Agree 4
Disagree 1	2	3	Agree 4	**I enjoy being at school.**	Disagree 1	2	3	Agree 4

Student Assistance Program Questionnaire

30 days before starting program					After program			
0	1-3	4-6	7 +	**The number of times I have gotten into a physical fight or threatened someone is...**	0	1-3	4-6	7 +
0	1-3	4-6	7 +	**The number of times I have used Marijuana is…**	0	1-3	4-6	7 +
0	1-3	4-6	7 +	**The number of times I have used alcohol is…**	0	1-3	4-6	7 +
0	1-3	4-6	7 +	**The number of times I have used other drugs (cocaine, ecstasy, meth, pills etc) is…**	0	1-3	4-6	7 +
0	1-3	4-6	7 +	**The amount of times I've hurt myself on purpose (cutting, burning, etc) is….**	0	1-3	4-6	7 +
0	1-3	4-6	7 +	**The number of times I have seriously thought about suicide is…**	0	1-3	4-6	7 +
0	1-4	5-8	9 +	**How many days have you been absent?**	0	1-4	5-8	9 +
0	1-3	4-6	7+	**Of your closest friends, how many have ever used alcohol or other drugs?**	0	1-3	4-6	7+

What do you feel has been the most useful part of this program for you?

_____
_____
_____

What areas in your life do you feel have improved the most?

_____
_____
_____

The following questions are about your participation in your program.
(please circle *one response* for each statement)

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
12. Adult staff make sure that youth in my program have the chance to be a leader (For example, planning activities, leading meetings, etc.).	1	2	3	4	5	6
13. In my program young people really get to work together with adults.	1	2	3	4	5	6
14. We actively let people in the community know about our program.	1	2	3	4	5	6
15. Because of being in the program, I want to take action in my community.	1	2	3	4	5	6
16. I feel like I can say what I am feeling without being put down.	1	2	3	4	5	6
17. In my program we talk about the different cultures we are a part of.	1	2	3	4	5	6
18. My program has helped to make things better in our community.	1	2	3	4	5	6
19. I have met new friends in my program.	1	2	3	4	5	6
20. Members of the community ask us to talk about our program with other groups.	1	2	3	4	5	6
21. I would feel okay about asking a staff person for help in an emergency.	1	2	3	4	5	6
22. I feel like other people in my program like me and care about me.	1	2	3	4	5	6
23. I feel safe in my program and don't think that I will ever get hurt there.	1	2	3	4	5	6

5:04 PM

Accrual Basis

2011/12 Linkages and Referrals
Services by Type
July 1 - June 30th 2012

	Jun '11 - Jun 12			
	Qty	Amount	% of Sales	Avg Price
Service				
Community Service				
After School Activities	337	337.00	5.2%	1.00
Asst with Guardianship	9	9.00	0.1%	1.00
Clothing	242	242.00	3.8%	1.00
Counseling	359	359.00	5.6%	1.00
CWS - Child Welfare Servics	51	51.00	0.8%	1.00
Drug & Alcohol Services	48	48.00	0.7%	1.00
Employment	24	24.00	0.4%	1.00
Food Support	484	484.00	7.5%	1.00
Health	109	109.00	1.7%	1.00
Health Insurance	52	52.00	0.8%	1.00
Housing	91	91.00	1.4%	1.00
IEP/Special Education	38	38.00	0.6%	1.00
Legal	28	28.00	0.4%	1.00
Mentoring	454	454.00	7.0%	1.00
Probation	6	6.00	0.1%	1.00
SARB	10	10.00	0.2%	1.00
School Advocacy	750	750.00	11.6%	1.00
Translation	238	238.00	3.7%	1.00
Transportation	208	208.00	3.2%	1.00
Tutoring	292	292.00	4.5%	1.00
Total Community Service	3,830.00	3,830.00	59.4%	1.00
Family Reunification				
Counseling	32	32.00	0.5%	1.00
Domestic Violence Svs	4	4.00	0.1%	1.00
Total Family Reunification	36.00	36.00	0.6%	1.00
Other	1,048	1,048.00	16.3%	1.00
Prev & Support Svs				
After Care	2	2.00	0.0%	1.00
Day Care/Childcare	4	4.00	0.1%	1.00
Early Dev. Screening	1	1.00	0.0%	1.00
Family Counseling	101	101.00	1.6%	1.00
Health Services	91	91.00	1.4%	1.00
Home Visit	330	330.00	5.1%	1.00
Information Referral	613	613.00	9.5%	1.00
Multidisciplinary Team Svs	220	220.00	3.4%	1.00
Parent Education	127	127.00	2.0%	1.00
Psychiatric/Mental Health	40	40.00	0.6%	1.00
Svs to Return Child to Home	3	3.00	0.0%	1.00
Total Prev & Support Svs	1,532.00	1,532.00	23.8%	1.00
Total Service	6,446.00	6,446.00	100.0%	1.00
TOTAL	6,446	6,446.00	100.0%	1.00

Family Advocate Questionnaire

Looking at the time spent with a family advocate, please answer the following questions. Your answers are kept confidential and your honesty is appreciated.

Number of family members: _____ Race/Ethnicity:_____

The family advocate introduced me to additional resources/information.	Disagree 1	2	3	Agree 4	N/A
I was able to get help from other agencies I was referred to.	Disagree 1	2	3	Agree 4	N/A
I feel confident in my ability to access community resources.	Disagree 1	2	3	Agree 4	N/A
My family advocate followed up with me after referrals were made.	Disagree 1	2	3	Agree 4	N/A
I feel I understand what a family advocate does.	Disagree 1	2	3	Agree 4	N/A
The family advocate listened and understood my situation.	Disagree 1	2	3	Agree 4	N/A

What do you feel has been the most useful part of this program for you?

_____
_____
_____

What areas in your life do you feel have improved the most?

_____
_____
_____

Other comments.

_____
_____
_____

PEI Youth Focus Group Question Samples

1. Please share some of the skills you learned from your counselor.
2. Describe which of those skills you use the most today.
3. Describe how those skills assisted you as you transitioned into high school.
4. Did you share anything you learned from Josh with your friends or family?
5. What do you think High School would have been like if you did not learn those skills?

PEI Family Advocate Focus Group Question Samples

1. Describe how the services provided by the Family Advocate have impacted your child's experience at school.
2. Describe how the services provided by Family Advocate have impacted your child's mental health and wellness?
3. Describe how the services provided by Family Advocate have impacted your child's peer relationships?
4. Describe how the services provided by Family Advocate have affected your family relationships?
5. What community resources have you become aware of since receiving services?
6. What do you think is the most important aspect of the services your family received?

George H. Flamson Mi School - Suspension & Expulsion Information

California Department of Education
Safe & Healthy Kids Program Office
Prepared: 7/24/2013 2:54:52 PM

Year: 2008-09

George H. Flamson Mi School Expulsion, Suspension, and Truancy Information for 2008-09

School	CD Code	School Code	Enrollment*	Number of Students with Unexcused Absence or Tardy on 3 or More Days (truants)	Truancy Rate	Violence/Drug Expulsions	Violence/Drug Suspensions	Total Persistently Dangerous Expulsions	Number of Non-Student Firearm Incidents	Overall Total Expulsions	Overall Total Suspensions
George H. Flamson Middle	4075457	6101570	733	199	27.15%	13	145	2		14	279
Paso Robles Joi District			6,875	1,930	28.07%	44	518	4		62	1,096
County			34,563	10,078	29.16%	170	1,885	12		203	3,838
California State			6,246,138**	1,508,144	24.15%	16,891	332,483	2,525	3,779	20,883	782,692

* Does not include NPS data.
** Not all agencies submitted data.

Repair Needed and Action Taken or Planned	
Section Number	Comment
(B)	Room 307, stained ceiling tiles (leak has been fixed); Room 301, wall panels worn out; Room 302-5 and 601, carpet is worn out, Room 601, stained tiles (room used as storage, not occupied); Home School Classroom & Office Portable, stained ceiling tiles; Gym locker room/hallway, ceiling paint is peeling - area in need of modernization.
(G)	Classrooms 401-2, canopy needs to be replaced in the future (currently safe).

Overall Summary of School Facility Good Repair Status			
Exemplary	Good	Fair	Poor
	✔		

Rating Description
Good: The school is maintained in good repair with a number of non-critical deficiencies noted. These deficiencies are isolated, and/or result from minor wear and tear, and/or are in the process of being mitigated.

Suspensions & Expulsions			
	GFMS		
	09-10	10-11	11-12
Suspensions (#)	164	158	170
Suspensions (%)	23.50 %	22.80 %	24.89 %
Expulsions (#)	8	12	1
Expulsions (%)	1.15 %	1.73 %	0.15 %
	PRJUSD Middle Schools		
Suspensions (#)	296	458	377
Suspensions (%)	19.76 %	31.94 %	26.33 %
Expulsions (#)	15	14	4
Expulsions (%)	1.00 %	0.98 %	0.28 %

This table illustrates the total cases (not number of days) of suspensions and expulsions, and includes students with multiple instances of suspension. For example, a student suspended in one month for 2 days and then suspended a month later for three days is counted as two cases of suspension.

San Luis Obispo County Middle School Survey

***1. Please select your school.**

***2. My school has the following on campus supportive services available to students (check all that apply)**

- [ ] Family Advocates (ie: Sonia Greene, Veronica Fortner, Christina Macedo)
- [ ] District School Counseling Office
- [ ] San Luis Obispo County Friday Night Live (ie: Rachel Conrad, Lisa Lobue, Gabriel Granados, KC Chaffee)
- [ ] San Luis Obispo County Drug and Alcohol Services (ie: Deanna Franklin)
- [ ] San Luis Obispo County Behavioral Health / PEI (ie: Allison Locke, Diana Klassen, Rebecca Arce)

Other (please specify)

***3. Staff at my school receive information and education regarding mental, behavioral, and emotional health issues and challenges that affect students.**

Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
○	○	○	○	○

***4. When I am concerned about a student's mental, behavioral or emotional health, I know how to refer them to supportive services on campus.**

- ○ Yes
- ○ No

***5. I have referred a student to supportive services on campus.**

- ○ Yes
- ○ No

Page 1

San Luis Obispo County Middle School Survey

***6. I referred the student to:**

- [ ] San Luis Obispo County Drug and Alcohol Services (ie: Deanna Franklin)
- [ ] Family Advocates (ie: Sonia Greene, Veronica Fortner, Christina Macedo)
- [ ] San Luis Obispo County Friday Night Live (ie: Rachel Conrad, Lisa Lobue, Gabriel Granados, KC Chaffee)
- [ ] District School Counseling Office
- [ ] San Luis Obispo County Behavioral Health / PEI (ie: Allison Locke, Diana Klassen, Rebecca Arce)

Other (please specify)

***7. When I referred a student to supportive services, I notice an improvement in their classroom behavior.**

Never	Seldom	Sometimes	Often	Always
○	○	○	○	○

8. Thank you for completeing the survey. Is there anything else that you would like to share about the supportive services on campus?

Page 2